

United States Bankruptcy Court District of Minnesota					Voluntary Petition																								
Name of Debtor (if individual, enter Last, First, Middle): WEST, PHILLIP C					Name of Joint Debtor (Spouse) (Last, First, Middle):																								
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																								
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all) xxx-xx-0549					Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)																								
Street Address of Debtor (No. and Street, City, and State): 8270 - 169TH ST W LAKEVILLE, MN <div>ZIP Code 55044</div>					Street Address of Joint Debtor (No. and Street, City, and State): <div>ZIP Code</div>																								
County of Residence or of the Principal Place of Business: DAKOTA					County of Residence or of the Principal Place of Business:																								
Mailing Address of Debtor (if different from street address): <div>ZIP Code</div>					Mailing Address of Joint Debtor (if different from street address): <div>ZIP Code</div>																								
Location of Principal Assets of Business Debtor (if different from street address above):																													
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)			Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																							
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																								
Estimated Number of Creditors <table><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1000-5,000</td><td>5001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>100,001-100,000</td><td>OVER 100,000</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>										1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1000-5,000						5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Estimated Assets <table><tr><td><input type="checkbox"/> \$0 to \$10,000</td><td><input type="checkbox"/> \$10,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>					<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																				
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Estimated Liabilities <table><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1,000,001 to \$100 million</td><td><input type="checkbox"/> More than \$100 million</td></tr></table>					<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$100 million	<input type="checkbox"/> More than \$100 million																				
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): WEST, PHILLIP C	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: UNITED PHARMACY SERVICES, INC.	Case Number: 07-21093	Date Filed: 6/05/07	
District: NORTHERN DISTRICT OF GORGIA	Relationship: MAJORITY OWNER	Judge: ROBERT E. BRIZENDINE	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

WEST, PHILLIP C**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ PHILLIP C WESTSignature of Debtor **PHILLIP C WEST****X** _____

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 22, 2007

Date

Signature of Attorney**X** /s/ MICHAEL J. IANNAZONE

Signature of Attorney for Debtor(s)

MICHAEL J. IANNAZONE 48719

Printed Name of Attorney for Debtor(s)

IANNAZONE LAW OFFICE

Firm Name

**8687 EAGLE POINT BLVD.
LAKE ELMO, MN 55042**

Address

Email: mji@iannacone.com**651-224-3361 Fax: 651-297-6187**

Telephone Number

June 22, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
District of Minnesota

In re PHILLIP C WEST

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

□ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ PHILLIP C WEST
PHILLIP C WEST

Date: **June 22, 2007**

United States Bankruptcy Court
District of Minnesota

In re **PHILLIP C WEST**,
 Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	290,000.00		
B - Personal Property	Yes	4	52,238.54		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		252,427.64	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	77		1,925,785.84	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	30			
I - Current Income of Individual Debtor(s)	Yes	1			3,529.63
J - Current Expenditures of Individual Debtor(s)	Yes	2			6,423.81
Total Number of Sheets of ALL Schedules		121			
Total Assets			342,238.54		
Total Liabilities				2,178,213.48	

United States Bankruptcy Court
District of Minnesota

In re PHILLIP C WEST,
 Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
HOMESTEAD LOCATED AT 8270 - 169TH ST. W., LAKEVILLE, MN 55044, LEGALLY DESCRIBED AS LOT 4, BLOCK 3, HIGHVIEW HEIGHTS, ACCORDING TO THE RECORDED PLAT THEREOF, AND SITUATE IN DAKOTA COUNTY, MINNESOTA.		-	290,000.00	236,894.07

0 continuation sheets attached to the Schedule of Real Property

Sub-Total >290,000.00(Total of this page)

Total >290,000.00

(Report also on Summary of Schedules)

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		CASH ON HAND	-	100.00
		INSURANCE CHECK FOR HAIL DAMAGE TO HOME	-	4,200.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		WELLS FARGO - #083-7466XXX PERSONAL CHECKING	-	36.00
		LAKEVIEW BANK ACCT. NO. 11000XXXX	-	597.39
		BB&T 0005148750XXX BALANCE UNKOWN - STATEMENTS GO TO RESIDENCE OF JOHN RAY.	-	Unknown
		WELLS FARGO - TRIPLE A MEDICAL CHECKING 701-2861XXX BALANCE APPROX.	-	50.00
		WELLS FARGO 334-2430XXX TRIPLE A MEDICAL SAVINGS ACCOUNT	-	100.00
		WELLS FARGO 143-2564XXX NEW UNITED PHARMACY CHECKING ACCOUNT. BALANCE APPROX. LISTED FOR NOTICE ONLY - BELONGS TO BANKRUPTCY ESTATE OF UNITED PHARMACY. \$2,000.00	-	679.73
		WELLS FARGO 699-0413XXX SAVINGS ACCOUNT IN NAME OF DEBTOT, EX-WIFE AND SON XXXY. MAY HAVE BEEN CLOSED BY EX-WIFE.	-	Unknown
		WELLS FARGO 757-8303XXX SAVINGS ACCOUNT IN NAME OF DEBTOR AND SON XXXY	-	370.79
		WELLS FARGO SAVINGS ACCOUNT 948-4993XXX IN NAME OF DEBTOR AND EX WIFE. MAY HAVE BEEN CLOSED BY EX-WIFE.	-	Unknown
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			

Sub-Total > **6,133.91**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
4. Household goods and furnishings, including audio, video, and computer equipment.		HOUSEHOLD GOODS, FURNISHINGS AND MISC TOOLS.	-	6,000.00
		CD'S AND DVD'S	-	550.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		CLOTHES	-	750.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		BENNELI 12 GAUGE SHOT GUN	-	450.00
		GOLF CLUBS	-	100.00
		CANON DIGITAL CAMERA	-	100.00
		TOSHIBA DIGITAL MOVIE CAMERA	-	200.00
		COMPOUND BOW	-	100.00
		SKIS & BOOTS	-	100.00
		10 SPEED BIKE	-	25.00
		2 DESKTOP COMPUTERS \$100 EACH; 3 PTINTERS - \$50.00 EACH	-	350.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		THRIVENT POLICY NO. 507518949	-	0.00
		AMERICAN GENERAL TERM POLICY NO. MM0023296	-	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			

Sub-Total > **8,725.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K AT SLAVIC INVESTMENT CORP., 1075 BROKEN SOUND PARKWAY NW, BOCA RATON, FL 33487-3540, ID NO. XXX-XX-0459	-	16,829.63
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		5000 SHARES OF UNITED PHARMACY SERVICES, INC. - COMPANYYY IN CHAPTER 7 BANKRUPTCY IN GEORGIA.	-	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.		2007 STATE AND FEDERAL TAX REFUND	-	Unknown
		ACCRUED BUT UNPAID WAGES	-	900.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		CRIMINAL COMPLAINT AGAINST JOHN & SUSAN RAY RELATED TO UNITED PHARMACY.	-	0.00
		CLAIM WITH STATE AUTO FOR HAIL DAMAGE TO HOMESTEAD.	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

Sub-Total > **17,729.63**
(Total of this page)

Sheet **2** of **3** continuation sheets attached
to the Schedule of Personal Property

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 NISSAN EXTERA	-	19,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		TOSHIBA LAPTOP - BUSINESS	-	100.00
		LAWN TRACTOR	-	400.00
		DESK - IN STORAGE	-	150.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		FAMILY DOG	-	0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **19,650.00**
(Total of this page)
Total > **52,238.54**

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
HOMESTEAD LOCATED AT 8270 - 169TH ST. W., LAKEVILLE, MN 55044, LEGALLY DESCRIBED AS LOT 4, BLOCK 3, HIGHVIEW HEIGHTS, ACCORDING TO THE RECORDED PLAT THEREOF, AND SITUATE IN DAKOTA COUNTY, MINNESOTA.	Minn. Stat. §§ 510.01, 510.02	53,105.93	290,000.00
Cash on Hand			
INSURANCE CHECK FOR HAIL DAMAGE TO HOME	MSA §510.07	0.00	4,200.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
WELLS FARGO - #083-7466XXX PERSONAL CHECKING	Minn. Stat. § 550.37(13)	75%	36.00
LAKEVIEW BANK ACCT. NO. 11000XXXX	Minn. Stat. § 550.37(13)	75%	597.39
Household Goods and Furnishings			
HOUSEHOLD GOODS, FURNISHINGS AND MISC TOOLS.	Minn. Stat. § 550.37(4)(a)	6,000.00	6,000.00
CD'S AND DVD'S	Minn. Stat. § 550.37(4)(a)	550.00	550.00
Wearing Apparel			
CLOTHES	Minn. Stat. § 550.37(4)(a)	750.00	750.00
Firearms and Sports, Photographic and Other Hobby Equipment			
2 DESKTOP COMPUTERS \$100 EACH; 3 PTINTERS - \$50.00 EACH	Minn. Stat. § 550.37(6)	350.00	350.00
Interests in Insurance Policies			
THRIVENT POLICY NO. 507518949	Minn. Stat. § 550.37(23)	100%	0.00
AMERICAN GENERAL TERM POLICY NO. MM0023296	Minn. Stat. § 550.37(23)	100%	0.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
401K AT SLAVIC INVESTMENT CORP., 1075 BROKEN SOUND PARKWAY NW, BOCA RATON, FL 33487-3540, ID NO. XXX-XX-0459	Minn. Stat. § 550.37(24) NOT PROPERTY OF ESTATE 11 USC §541(C)(2)	16,829.63	16,829.63
Other Liquidated Debts Owning Debtor Including Tax Refund			
ACCRUED BUT UNPAID WAGES	15 U.S.C.A. § 1673	75%	900.00
Other Contingent and Unliquidated Claims of Every Nature			
CLAIM WITH STATE AUTO FOR HAIL DAMAGE TO HOMESTEAD.	Minn. Stat. §§ 510.01, 510.02 §510.07	100%	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles			
2005 NISSAN EXTERA	Minn. Stat. § 550.37(12a)	4,000.00	19,000.00

1 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT
(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Office Equipment, Furnishings and Supplies</u>			
TOSHIBA LAPTOP - BUSINESS	Minn. Stat. § 550.37(6)	100.00	100.00
LAWN TRACTOR	Minn. Stat. § 550.37(4)(b)	400.00	400.00
DESK - IN STORAGE	Minn. Stat. § 550.37(6)	150.00	150.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No. xxxxxx0003		HOMESTEAD LOCATED AT 8270 - 169TH ST. W., LAKEVILLE, MN 55044, LEGALLY DESCRIBED AS LOT 4, BLOCK 3, HIGHVIEW HEIGHTS, ACCORDING TO THE RECORDED PLAT THEREOF, AND SITUATE IN DAKOTA COUNTY, MINNESOTA.						236,894.07	0.00
AMERICA SERVICING COMPANY PO BOX 10328 DES MOINES, IA 50306	-								
		Value \$ 290,000.00							
Account No. xxxx xxxx xxxx x000 1		2005 NISSAN EXTERA						15,533.57	0.00
NISSAN MOTOR ACCEPTANCE CORP PO BOX 660366 DALLAS, TX 75266	-								
		Value \$ 19,000.00							
Account No.									
		Value \$							
Account No.									
		Value \$							
Subtotal (Total of this page)								252,427.64	0.00
Total (Report on Summary of Schedules)								252,427.64	0.00

0 continuation sheets attached

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re PHILLIP C WEST
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC. LISTED FOR NOTICE.	X	X	X	Unknown	
GEORGIA DEPT OF REVENUE SALES AND USE TAX DIVISION PO BOX 105284 ATLANTA, GA 30348-5296	X	-						Unknown
								Unknown
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC. LISTED FOR NOTICE.				Unknown	
GEORGIA INCOME TAX DIVISION PO BOX 740397 ATLANTA, GA 30374-0397	X	-						Unknown
								Unknown
Account No.								
Account No.								
Account No.								
Subtotal							0.00	0.00
(Total of this page)							0.00	0.00
Total							0.00	0.00
(Report on Summary of Schedules)							0.00	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **PHILLIP C WEST**,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx2499			DEBT OF UNITED PHARMACY SERVICES, INC.				
4IMPRINT P O BOX 32383 HARTFORD, CT 06150-2383	X	-		X	X	X	0.00
Account No. xx-AGx2918			DEBT OF UNITED PHARMACY SERVICES, INC.				
A G INDUSTRIES P O BOX 270099 ST LOUIS, MO 63127	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
AAA SANITATION INC P O BOX 1268 DAHLONEGA, GA 30533	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ACACIA 785 CHALLENGER ST BREA, CA 92821	X	-		X	X	X	0.00
Subtotal (Total of this page)							0.00

76 continuation sheets attached

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00	
ACCENT PO BOX 69004 OMAHA, NE 68106-5004	X -			X	X	X		
Account No.			ATTORNEY FOR FISHER AND PAYKEL HEALTHCARE. DEBT OF UNITED PHARMACY SERVICES, INC.				0.00	
ADLER, RUSSELL S ESQ CARMEN & ADLER PA 6001 BROKEN SOUND PKWY NW #404 BOCA RATON, FL 33487-2754	X -			X	X	X		
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00	
ADMINISTAR FEDERAL INC PCI-DMERC-IN LOCKBOX 660078 INDIANAPOLIS, IN 46266-0078	X -			X	X	X		
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00	
ADMINISTRATIVE MANAGERS INC 105 CANTON HWY CUMMING, GA 30040	X -			X	X	X		
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00	
AGELITY 115 BROAD HOLLOW RD STE 325 MELVILLE, NY 11747	X -			X	X	X		
Sheet no. <u>1</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
AILCO FINANCIAL SERVICES INC W222 N833 CHEANEY DR WAUKESHA, WI 53186	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	1,694.00
Account No. QZE05							
AIRGAS SOUTH P O BOX 532609 ATLANTA, GA 30353-2609	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
AIRLINK 3966 CLAIRMONT RD ATLANTA, GA 30341-4938	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. UNG004							
AIRSEP CORPORATION 290 CREEKSIDE DR BUFFALO, NY 14228	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ALBERT NASUTI, ESQ 40 TECHNOLOGY PKWY. S #300 TRUSTEE-UNITED PHARMACY SERVIC NORCROSS, GA 30092	-		LISTED FOR NOTICE PURPOSES, CHAPTER 7 TRUSTEE FOR UNITED PHARMACY SERVICES.				Unknown
Sheet no. <u>2</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,694.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ALLEGiant PARTNERS INC 999 FIFTH AVE STE 300 SAN RAFAEL, CA 94901	X	-		X	X	X	92,992.05
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ALLIANCE FINANCIAL P O BOX 2149 GIG HARBOR, WA 98335-4149	X	-		X	X	X	49,040.92
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ALLIANCE FINANCIAL P O BOS 3617 SEATTLE, WA 98124-3617	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ALLIANCE FUNDING GROUP INC 2099 S STATE COLLEGE BLVD #100 ANAHEIM, CA 92806	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ALLIANCE FUNDS P O BOX 3617 SEATTLE, WA 98124-3617	X	-		X	X	X	0.00
Sheet no. <u>3</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 142,032.97

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No. xxxxxxxx4201	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ALLIED WASTE P O BOX 9001487 LOUISVILLE, KY 40290-1487								
Account No. xxxxxxxx6655	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ALLTEL CORPORATION P O BOX 530533 ATLANTA, GA 30353-0533								
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ALLWIN DATA SERVICES SUITE 14000 BB&T BUILDING ONE PACK SQUARE ASHEVILLE, NC 28801								
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
AMERICAN BANK LEASING P O BOX 220 FRANKLIN, TN 37069								
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	296,714.72	
AMERICAN BANK LEASING CORP 555 SUN VALLEY DR STE E-5 ROSWELL, GA 30076								
Sheet no. 4 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	296,714.72

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
AMERICAN EXPRESS P O BOX 360001 FORT LAUDERDALE, FL 33336-0001	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
AMERICAN EXPRESS BUSINESS MANAGEMENT ACCOUNT P O BOX 7863 FORT LAUDERDALE, FL 33329-7863	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
AMERICAN EXPRESS P O BOX 0001 LOS ANGELES, CA 90096-0001	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
AMERICAN EXPRESS CAPITAL LINE P O BOX 297812 FORT LAUDERDALE, FL 33329-7815	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
AMERICAN EXPRESS CAPITAL LINE BOX 0001 LOS ANGELES, CA 90096-0001	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. <u>5</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
AMERICAN GREETINGS ONE AMERICAN ROAD CLEVELAND, OH 44144-2398	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ANALYTICAL RESEARCH LABORATORY 840 RESEARCH PKWY STE 546 OKLAHOMA CITY, OK 73104	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. x8728							
ANDA PHARMACEUTICALS 2915 WESTON ROAD WESTON, FL 33331	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. SP1231							
ANSWER AMERICA 150 E 58TH ST 29TH FLOOR NEW YORK, NY 10155-2698	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ANYTIME ELECTRIC 4408 SHELLIE LANE OAKWOOD, GA 30566	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 6 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. x7829	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
APOTHECARY PRODUCTS INC 11750 12TH AVE S BURNSVILLE, MN 55336-1295							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ARCH PAGING P O BOX 660770 DALLAS, TX 78266-0770							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
AT&T P O BOX 78522 PHOENIX, AZ 85062-8522							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
AT&T WIRELESS P O BOX 8229 AURORA, IL 60572-8229							
Account No. 1956	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ATLANTIC SALES AND REPAIR P O BOX 15415 SURFSIDE BEACH, SC 29587							
Sheet no. <u>7</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. xxxxx8807	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ATMOS ENERGY P O BOX 9001949 LOUISVILLE, KY 40290-1949							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
ATS TECHNOLOGIES INC 542 SOUTH ENOTA DR GAINESVILLE, GA 30501							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
AUBREY'S LOCKSMITH SERVICE 1008 ATLANTA HIGHWAY GAINESVILLE, GA 30501							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
AVAYA COMMUNICATIONS P O BOX 73061 CHICAGO, IL 60673-3061							
Account No.	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
B BRAUN / MCGAW P O BOX 8500-53708 PHILADELPHIA, PA 19178-3708							
Sheet no. 8 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
BALBOA CAPITAL 2010 MAIN STREET, 11TH FLOOR IRVINE, CA 92614	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	73,749.27
Account No.						
BALBOA CAPITAL P O BOX 14520 IRVINE, CA 92623-4520	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
BANK OF AMERICA P O BOX 15027 WILMINGTON, DE 19850	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
BANK OF THE WEST EQUIPMENT LEASING 201 N CIVIC DR STE 360B WALNUT CREEK, CA 94596	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
BANK OF THE WEST P O BOX 4002 CONCORD, CA 94524-4002	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Sheet no. <u>9</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						73,749.27

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BANK OF WEST 475 SANSOME ST 19TH FLOOR SAN FRANCISCO, CA 94111	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BANK SILVERMARK	X	-		X	X	X	0.00
Account No. xxxxxxLNx8187			DEBT OF UNITED PHARMACY SERVICES, INC.				
BB&T P O BOX 580155 CHARLOTTE, NC 28258-0155	X	-		X	X	X	0.00
Account No. Mx3550			DEBT OF UNITED PHARMACY SERVICES, INC.				
BEAUMONT PRODUCTS 1560 BIG SHANTY DR KENNESAW, GA 30144	X	-		X	X	X	0.00
Account No. xxxxxx8-001			DEBT OF UNITED PHARMACY SERVICES, INC.				
BELLS SOUTH P O BOX 105262 ATLANTA, GA 30348-5262	X	-		X	X	X	0.00
Sheet no. 10 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							0.00
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BELLS SOUTH COMMUNICATION SYST P O BOX 79045 BALTIMORE, MD 21279-0045	X	-		X	X	X	0.00
Account No.			ATTORNEY FOR ROCKFORD CAPITAL LEASING INC. DEBT OF UNITED PHARMACY SERVICES, INC.				
BIEGEL, GREG ESQ BARRICK SWITZER ET AL PO BOX 17109 ROCKFORD, IL 61110	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BOARD OF WATER COMMISSIONERS ST PAUL WATER UTILITY 8 RTH ST E STE 200 ST PAUL, MN 55101-1007	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BORGSTROM PHARMACY 990 PAYNE AVE ST PAUL, MN 55101	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
BOW LEASING	X	-		X	X	X	0.00
Sheet no. <u>11</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4204	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
BROWN & BIGELOW P O BOX 1450 NW 8554 MINNEAPOLIS, MN 55485-8554							
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	1,904.88
BROWN & BIGELOW INC 345 PLATO BLVD E ST PAUL, MN 55107							
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
BROWN'S ICE CREAM CO 2929 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414							
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
BSFS EQUIPMENT LEASING P O BOX 740428 ATLANTA, GA 30374-0428							
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	126,260.00
BUSINESS DISTRICT LLC ATTN: LEASE PROCESSING 11660 W 75TH ST SHAWNEE, KS 66214							
Subtotal (Total of this page)							128,164.88

Sheet no. 12 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 12 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
CAMERON AND COMPANY INC 1140 N TOWN CENTER DR STE 320 LAS VEGAS, NV 89144	X -			X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
CAPITAL RETURNS INC P O BOX 73916 CLEVELAND, OH 44193	X -			X	X	0.00
Account No.			ATTORNEY FOR STUDEBAKER - WORTHINGTON LEASING CORP. DEBT OF UNITED PHARMACY SERVICES, INC.			
CAPOBIANCO, JOSEPH ESQ 1305 FRANKLIN AVE PO BOX 119 GARDEN CITY, NY 11530	X -			X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
CARBALDAV 2010 MAIN ST STE 1150 IRVINE, CA 92614	X -			X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
CARDS N SUCH 11178 HURON ST STE 7 NORTHGLENN, CO 80234	X -			X	X	0.00
Subtotal (Total of this page)						0.00

Sheet no. 13 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx-xxxx-xxxx-4384						
CARE CREDIT GE MONEY BANK PO BOX 981127 EL PASO, TX 79998-1127	-					1,135.43
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
CARLSON RICHTER & COMPANY 12245 NICOLLET AVE S BURNSVILLE, MN 55337	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
CENTERPOINT ENERGY P O BOX 4671 HOUSTON, TX 77210-4671	X -		X	X	X	0.00
Account No. x4484		DEBT OF UNITED PHARMACY SERVICES, INC.				
CHAD THERAPEUTICS DEPT NO 8664 LOS ANGELES, CA 90084-8664	X -		X	X	X	0.00
Account No.		LISTED FOR NOTICE PURPOSES. ATTORNEY FOR UNITED PHARMACY SERVICES CHAPTER 7 BANKRUPTCY CASE.				
CHARLES N. KELLEY, ESQ. 340 JESSE JEWELL PKWY. #602 ATTY FOR UNITED PHARMACY SERVI GAINESVILLE, GA 30501	-					Unknown
Subtotal (Total of this page)						1,135.43

Sheet no. 14 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
CHARTER COMMUNICATIONS P O BOX 9001917 LOUISVILLE, KY 40290-1917	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
CHAS LEVY CIRCULATING 33165 TREASURY CENTER CHICAGO, IL 60694-3100	X	-		X	X	X	0.00
Account No. xxxxxxx6984			DEBT OF UNITED PHARMACY SERVICES, INC.				
CHRYSLER FINANCIAL P O BOX 55000 DEPT 277001 DETROIT, MI 48255-2770	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
CHRYSLER FINANCIAL PO BOX 9223 FARMINGTON HILL, MI 48333	X	-		X	X	X	9,756.21
Account No. xxxxx2609			DEBT OF UNITED PHARMACY SERVICES, INC.				
CINGULAR WIRELESS P O BOX 6463 CAROL STREAM, IL 60197-6463	X	-		X	X	X	0.00
Sheet no. 15 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							9,756.21

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
CITY OF GAINESVILLE PUBLIC UTILITIES DEPT P O BOX 779 GAINESVILLE, GA 30503-0779	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
CITY OF LAKEVILLE 20195 HOLYOKE AVE LAKEVILLE, MN 55044-9047	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
CITY OF ST PAUL TREASURY DIVISION 350 ST PETER ST STE 300 ST PAUL, MN 55102-1510	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
CITY OF ST PAUL OFFICE OF LICENSE 350 ST PETER ST STE 300 ST PAUL, MN 55102-1510	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
CITY OF ST PAUL, TREASURY DEPT 160 CITY HALL 15 W KELLOGG BLVD ST PAUL, MN 55102	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Subtotal (Total of this page)						0.00

Sheet no. 16 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.							
CLARK BUTLER WALSH & HAMANN 315 E 5TH ST PO BOX 596 WATERLOO, IA 50704	X	-	ATTORNEYS FOR VGM FINANCIAL SERVICES. DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
CLARK'S VARIETY WHOLESALE 1551 CRANE MILL ROAD ALTO, GA 30510	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
CLEAR CHANNEL OUTDOOR INC C/O BELOIN BROWN BLUM & BAER 2550 HERITAGE COURT STE 200 ATLANTA, GA 30339	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	56,026.00
Account No.							
CONDITIONED AIR SYSTEMS 2410 HILTON WAY SW GAINESVILLE, GA 30501	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
COOL AIR	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. <u>17</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	56,026.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
CORNERSTONE COPY CENTER 13775 FRONTIER CT BURNSVILLE, MN 55337	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
CREATIVE INDEX 3442 FRANCIS RD STE 150 ALPHARETTA, GA 30004	X	-		X	X	X	0.00
Account No. xxxxx5001			DEBT OF UNITED PHARMACY SERVICES, INC.				
DAA ENTERPRISES 369 HARVARD ST STE 1 BROOKLINE, MA 02446-2919	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
DAHLONEGA PHARMACY 70 MEMORIAL DR DAHLONEGA, GA 30533	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
DAKOTA ELECTRIC P O BOX 64427 ST PAUL, MN 55164-0427	X	-		X	X	X	0.00
Sheet no. 18 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							0.00
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
DEMARCO, DR FRANK J JR 500 MEDICAL CENTER BLVD LAWRENCEVILLE, GA 30045	X	-		X	X	X	0.00
Account No.			ATTORNEY FOR CLEAR CHANNEL OUTDOOR, INC. DEBT OF UNITED PHARMACY SERVICES, INC.				
DEMARTINI, LAURA A ESQ BELOIN BROWN BLUM & BAER 2550 HERITAGE CT STE 200 ATLANTA, GA 30339	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
DENCO BOX 38 ROUSES POINT, NY 12797-0038	X	-		X	X	X	0.00
Account No. 738			DEBT OF UNITED PHARMACY SERVICES, INC.				
DOCUMENT DESTRUCTION P O BOX 247 GAINESVILLE, GA 30503	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
DOMOS HME CONSULTING GROUP 9528 - 167TH AVE NE REDMOND, WA 98052	X	-		X	X	X	0.00
Subtotal (Total of this page)							0.00

Sheet no. 19 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
DRUG PACKAGE INC 901 DRUG PACKAGE LANE O'FALLON, MO 63366	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
DULUTH NEWS TRIBUNE 424 W FIRST ST P O BOX 169000 DULUTH, MN 55816-9000	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
DYNA LABS 3830 WASHINGTON BLVD ST LOUIS, MO 63108	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
E Z GREGORY INC P O BOX 44268 MADISON, WI 53744-4268	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ECLIPSE SUNGLASSES P O BOX 204 SAVAGE, MN 55378-0204	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 20 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. EDWARD SERVICES	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
Account No. ELECTRO WATCHMAN INC 1 WEST WATER ST STE 110 ST PAUL, MN 55107	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
Account No. EMERGENCY PHYSICIANS PA 7301 OHMS LANE STE 650 EDINA, MN 55439-4000	-					0.00	
Account No. EMILY COLE 121 W GRANT ST STE 212 MINNEAPOLIS, MN 55403-2341	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
Account No. EMMA MALLAK 4836 COUNTRY SIDE DR FLOWERY BRANCH, GA 30542	X -	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00	
Sheet no. 21 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No.								
EMORY EASTSIDE MED CTR PO BOX 406092 ATLANTA, GA 30384								-
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X		
ENTERPRISE FUNDING 4308 THREE MILE RD NW STE A GRAND RAPIDS, MI 49534								
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X		
EVANS NATIONAL LEASING ONE GRIMSBY DR HAMBURG, NY 14075								
Account No.	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X		
F DOHMEN CO 35180 EAGLE WAY CHICAGO, IL 60678-1351								
Account No.	X	-	ATTORNEY FOR ALLIANCE FINANCIAL LLC & FIRST CREDIT CORPORATION. DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X		
FAHNLANDER, VINCENT J ESQ MOHRMAN & KAARDAL PA 33 S SIXTH ST STE 4100 MINNEAPOLIS, MN 55402								
Sheet no. <u>22</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	84,958.20

In re **PHILLIP C WEST**,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. FAIRVIEW CENTRAL BUSINESS OFFICE 400 STINSON BLVD MINNEAPOLIS, MN 55413		-					0.00
Account No. FAMILY TIMES P O BOX 16422 ST LOUIS PARK, MN 55416	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. FARNER-BOCKEN 1751 HIGHWAY 30 E PO BOX 368 CARROLL, IA 51401	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. FEDERAL EXPRESS P O BOX 94515 PALATINE, IL 60094-4515	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. FINANCIAL PACIFIC LEASING 3455 SOUTH 344TH WAY AUBURN, WA 98001	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. <u>23</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							0.00
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST CHOICE MEDICAL P O BOX 1250 AUGUSTA, GA 30903-1250	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST CREDIT CORPORATION 4300 BAYOU BLVD STE 33 PENSACOLA, FL 32503	X	-		X	X	X	65,498.07
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST CREDIT FUNDING P O BOX 2149 GIG HARBOR, WA 98335	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST CREDIT FUNDING P O BOX 3892 SEATTLE, WA 98124-3892	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST DATABANK 8425 WOODFIELD CROSSING BLVD P O BOX 40930 INDIANAPOLIS, IN 46240-0930	X	-		X	X	X	0.00
Sheet no. 24 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							65,498.07
Subtotal (Total of this page)							65,498.07

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST HEALTH P O BOX 11807 TUCSON, AZ 85734	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST PORTLAND	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57101	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRST PREMIER CAPITAL LLC 5201 EDEN AVENUE STE 180 EDINA, MN 55436	X	-		X	X	X	0.00
Subtotal (Total of this page)							0.00

Sheet no. 25 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FIRSTCORP 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053	X	-		X	X	X	0.00
Account No. xx8000			DEBT OF UNITED PHARMACY SERVICES, INC.				
FISHER & PAYKEL HEALTHCARE BANK OF AMERICA 12724 COLLECTIONS CENTER DR CHICAGO, IL 60693	X	-		X	X	X	15,694.95
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FMC DISTRIBUTION 850 E PARKRIDGE AVE B117 CORONA, CA 92879	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FORSYTH EXTERMINATING 203 E MAIN ST STE B CUMMING, GA 30040	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
FPC FUNDING II LLC 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053	X	-		X	X	X	0.00
Sheet no. 26 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							15,694.95

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
FRITZ COMPANY INC 1912 HASTINGS AVE NEWPORT, MN 55055	X	-		X	X	X	0.00
Account No. xxxxxxx685/0							
FRONTIER COMMUNICATIONS P O BOX 92833 ROCHESTER, NY 14692-8933	X	-		X	X	X	0.00
Account No. x1398							
GALLIPOT INC 2020 SILVER BELL RD ST PAUL, MN 55122	X	-		X	X	X	0.00
Account No.							
GARY WEST 14815 W TOMAHAWK WAY SUN CITY WEST, AZ 85375	X	-		X	X	X	0.00
Account No.							
GE COMMERCIAL FINANCE GE MONEY BANK PO BOX 981127 EL PASO, TX 79998-1127	X	-					0.00
Sheet no. 27 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
GEORGIA BOARD OF PHARMACY 237 COLISEUM DR MACON, GA 31217	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
GEORGIA MEDICAL REPAIR INC P O BOX 73201 RICHMOND, VA 23235	X	-		X	X	X	0.00
Account No. xxxxxxxxxxxx7501			DEBT OF UNITED PHARMACY SERVICES, INC.				
GEORGIA NATIONAL GAS P O BOX 659411 SAN ANTONIO, TX 78265-9411	X	-		X	X	X	0.00
Account No. xxxxxx8039			DEBT OF UNITED PHARMACY SERVICES, INC.				
GEORGIA POWER 96 ANNEX ATLANTA, GA 30396-0001	X	-		X	X	X	0.00
Account No. xxxxxx9500			DEBT OF UNITED PHARMACY SERVICES, INC.				
GEORGIAN BANK 2055 N BROWN RD STE 200 LAWRENCEVILLE, GA 30043	X	-		X	X	X	355,604.59
Sheet no. 28 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 355,604.59

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
GEORGIAN BANK P O BOX 1309 POWDER SPRINGS, GA 30127	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
GLASS DOCTOR 7460 OXFORD ST ST LOUIS PARK, MN 55406	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
GLOBAL CROSSING P O BOX 741276 CINCINNATI, OH 45274-1276	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. xx0301							
GOLDEN TECHNOLOGIES INC 401 BRIDGE ST OLD FORGE, PA 18518	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
GOOD AGE NEWSPAPER 919 LAFOND AVE ST PAUL, MN 55104	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 29 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
GOPHER MINI STORAGE 10685 165TH ST W LAKEVILLE, MN 55044	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. xxxxx2369			DEBT OF UNITED PHARMACY SERVICES, INC.				
GRAINGER DEPT 048-857542369 PALATINE, IL 60038-0001	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
GREATER BAY BANK NA 300 TRI-STATE INT'L STE 400 LINCOLNSHIRE, IL 60069	X	-		X	X	X	95,428.41
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
GREATER BAY CAPITAL CONTRACTS DEPT 100 TRI-STATE INT'L STE 140 LINCOLNSHIRE, IL 60069	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
GUARANTEED RETURNS 140 N BELLE MEAD RD EAST SETAUKET, NY 11733	X	-		X	X	X	0.00
Subtotal (Total of this page)						95,428.41	

Sheet no. 30 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. UPITPH			DEBT OF UNITED PHARMACY SERVICES, INC.				
H & H WHOLESALE 1099 ROCHESTER RD TROY, MI 48083	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
HARMON GLASS 2400 MINNEHAHA AVE S MINNEAPOLIS, MN 55404	X	-		X	X	X	0.00
Account No.							
HCA THE HEALTHCARE COMPANY 5707 PEACHTREE PARKWAY NORCROSS, GA 30092		-					0.00
Account No. GA012			DEBT OF UNITED PHARMACY SERVICES, INC.				
HEALTHCARE & DIAGNOSTIC SOLUTI P O BOX 730 LOXLEY, AL 36551	X	-		X	X	X	0.00
Account No.			ATTORNEY FOR ALLEGIAN PARTNERS. DEBT OF UNITED PHARMACY SERVICES, INC.				
HEWITSON, STEVEN J ESQ TROUTMAN SANDERS LLP 600 PEACHTREE ST NE STE 5200 ATLANTA, GA 30308	X	-		X	X	X	0.00
Sheet no. 31 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							0.00
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
HOLOX LTD CALLER 6100 NORCROSS, GA 30091-6100	X -		X	X	X	0.00
Account No. xx5545		DEBT OF UNITED PHARMACY SERVICES, INC.				
HUDSON RCI P O BOX 951836 DALLAS, TX 75395-1836	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
HUNTINGTON NATIONAL BANK 105 E FOURTH ST STE 200 CINCINNATI, OH 45202	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
IFC CREDIT CORPORATION 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053-2104	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
IMPRESSIONS ON HOLD MARLIN LEASING P O BOX 13604 PHILADELPHIA, PA 19101-3604	X -		X	X	X	0.00
Sheet no. 32 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
INDEPENDENT PHARMACY COOP 1550 COLUMBUS ST SUN PRAIRIE, WI 53590	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
INFORMATION LEASING CORP 1023 W EIGHTH ST CINCINNATI, OH 45203	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
INT'L JOURNAL OF COMPOUNDING P O BOX 820907 HOUSTON, TX 77282	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
INTEGRATIVE MEDICINE ACCESS P O BOX 1603 NEWBURGH, NY 12551-1603	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
INTUIT 2800 E COMMERCE CENTER PL TUCSON, AZ 85706	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 33 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
INVACARE 33416 TREASURY CENTER CHICAGO, IL 60694-3400	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
INVACARE CORPORATION ONE IVACARE WAY ELYRIA, OH 44035	X	-		X	X	X	44,414.97
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
INVACARE CREDIT CORP P O BOX 41601 PHILADELPHIA, PA 19101-1601	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
INVACARE SUPPLY P O BOX 642878 PITTSBURG, PA 15264-2878	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
IVAX P O BOX 96884 CHICAGO, IL 60693	X	-		X	X	X	0.00
Sheet no. 34 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 44,414.97

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
JAYS COMPANY INC P O BOX 47395 MINNEAPOLIS, MN 55447	X -			X	X	X	
Account No.			LISTED FOR NOTICE ONLY. DEBTOR JOHN RAY CONVERTED ASSETS OF UNITED PHARMACY SERVICES				0.00
JOHN RAY 7850 AVERY BRIDGE LANE GAINESVILLE, GA 30506	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
KOPY KAT P O BOX 5983 GAINESVILLE, GA 30504-0983	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
LACROSSE TRIBUNE 401 N THIRD ST P O BOX 865 LA CROSSE, WI 54602-0420	X -			X	X	X	
Account No. GDP07			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
LAKEVIEW PUBLISHING 210 DAHLONEGA ST STE 101 CUMMING, GA 30040	X -			X	X	X	
Subtotal (Total of this page)							0.00

Sheet no. 35 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
LAKEVILLE SANITATION P O BOX 769 LAKEVILLE, MN 55044	X -			X	X	0.00	
Account No. A4G071			DEBT OF UNITED PHARMACY SERVICES, INC.				
LETGO MEDICAL 1316 COMMERCE DR DECATUR, AL 35601	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
LIFEGAS CALLER 4100 NORCROSS, GA 30091-4100	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
LILLY SUBURBAN NEWSPAPERS 2515 E 7TH AVE N ST PAUL, MN 55109	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
LINT SECURITY 4408 SARDIS DR GAINESVILLE, GA 30506	X -			X	X	0.00	
Sheet no. 36 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
LIPPINCOTT WILLIAMS & WILKINS P O BOX 1530 HAGERSTOWN, MD 21741	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
LISTMART 171 ENGLISH LANDING DR STE 200 KANSAS CITY, MO 64152	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
LITURGICAL PUBLICATIONS P O BOX 510817 NEW BERLIN, WI 53151-0817	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
LOIS, DR TOM 2121 FOUNTAIN DR STE K ATLANTA, GA 30327	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
LOMMEN NELSON LAW FIRM 1800 IDS CENTER 80 S EIGHTH ST MINNEAPOLIS, MN 55402	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 37 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
LUCENT TECHNOLOGIES P O BOX 890222 CHARLOTTE, NC 28289	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
M & C LEASING CO P O BOX 2935 BUFFALO, NY 14240-2935	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
M & C LEASING CO INC 85 RIVER ROCK DR STE 104 BUFFALO, NY 14207	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MADA MEDICAL 625 WASHINGTON AVE CARLSTADT, NJ 07072	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. xx3597							
MALLINCKRODT P O BOX 905835 CHARLOTTE, NC 28290-5835	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 38 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
MARSDEN, WILLIAM G ESQ PRINCE YEATES & GELDZAHLER 175 E 400 S STE 900 SALT LAKE CITY, UT 84111	X	-	ATTORNEYS FOR UNION CAPITAL PARTNERS. DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MARTIN, JAMES ESQ SIMPSON LAW OFFICE LLP 3490 PIEDMONT RD STE 300 ATLANTA, GA 30305	X	-	ATTORNEY FOR FINANCIAL PACIFIC LEASING. DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MATRIX DISTRIBUTORS P O BOX 250 SOUTH RIVER, NJ 08882	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MATRIX DISTRIBUTORS INC 110 TICES LANE BUILDING A UNIT 5B EAST BRUNSWICK, NJ 08816	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	22,749.12
Account No.							
MBNA P O BOX 37279 BALTIMORE, MD 21297-3279	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 39 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							22,749.12

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
MCCRACKEN LABEL 5303 S KEELER AVE CHICAGO, IL 60632	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MCKENZIE DRUGS 4814 HIGHWAY 78 LILBURN, GA 30047	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MCKESSON CORP NW9024 P O BOX 1450 MINNEAPOLIS, MN 55485	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MCKESSON CORP-OMNI LINK P O BOX 70252 CHICAGO, IL 60673-0252	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MCKESSON HBOC 1315 N CHOUTEAU TRAFFICWAY KANSAS CITY, MO 64120	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 40 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
MCKESSON PHARMACY SYSTEMS P O BOX 633924 CINCINNATI, OH 45263-3924	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MEDE AMERICA P O BOX 74243 CLEVELAND, OH 44194	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. xxx2097							
MEDICAL ARTS PRESS P O BOX 94777 PALATINE, IL 60094-4777	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. 6443GA							
MEDICAL INDUSTRIES AMERICA 2636 - 289TH PLACE ADEL, IA 50003-8021	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. SISK01							
MEDISCA INC P O BOX 2592 PLATTSBURGH, NY 12901	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 41 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
MELS ELECTRICAL SERVICE INC 4870 LEDAN EXTENSION GAINESVILLE, GA 30506-2558	X -			X	X	X
						0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
MENASHA CORP DRAWER 823 MILWAUKEE, WI 53278	X -			X	X	X
						0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
METRO CASH REGISTER SYSTEMS 2145 UNIVERSITY AVE ST PAUL, MN 55114	X -			X	X	X
						0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
METRO TRANSIT CONVENIENCE FARES 560 - 6TH AVE N MINNEAPOLIS, MN 55411-4398	X -			X	X	X
						0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.			
MICROMEDEX P O BOX 95553 CHICAGO, IL 60694-5553	X -			X	X	X
						0.00
Sheet no. 42 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
MIDWEST COCA COLA SDS 12-1015 P O BOX 86 MINNEAPOLIS, MN 55486-1015	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MIKES GUTTER SERVICE 3396 NANCY CREEK RD GAINESVILLE, GA 30501	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MINNESOTA BOARD OF PHARMACY 2829 UNIVERSITY AVE SE STE 530 MINNEAPOLIS, MN 55414-3251	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MINNESOTA PHARMACIST ASSN 1935 W COUNTY RD B-2 STE 450 ROSEVILLE, MN 55113	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
MINNESOTA SENIOR NEWS IRIS PARK PLACE SUITE 171 1885 UNIVERSITY AVE W ST PAUL, MN 55104	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 43 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
MN DEPT AGRICULTURE LICENSING SECTION 90 W PLATO BLVD ST PAUL, MN 55107-2094	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
MN DEPT REVENUE 551 BANKRUPTCY SECTION PO BOX 64447 ST PAUL, MN 55164	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
MN POSTER COMPLIANCE CENTER 1043 GRAND AVE ST PAUL, MN 55105	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
MORRIS LAW FIRM 2045 IDS CENTER 80 S EIGHTH ST MINNEAPOLIS, MN 55402	X -			X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
MY ANSWERING SERVICE 803 MIDDLEBROOK DR JONESBORO, GA 30236	X -			X	X	X	
Sheet no. 44 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. NARDINI FIRE EQUIPMENT CO 405 COUNTY RD E W ST PAUL, MN 55126	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. NATIONAL CITY COMMERCIAL CAPITAL CORPORATION 995 DALTON AVE CINCINNATI, OH 45203	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. xxxx9724 NATIONAL PEN CORPORATION DEPT 274501 P O BOX 55000 DETROIT, MI 48255-2745	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. NEIGHBOR NEWSPAPERS 580 FAIRGROUND ST P O BOX 449 MARIETTA, GA 30061	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. NET-TEL COMMUNICATIONS P O BOX 631489 BALTIMORE, MD 21263-1489	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 45 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
NGCSU BOX 8251 DAHLONEGA, GA 30597	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
NIELS SPIRITWEAR P O BOX 1025 WINDER, GA 30680	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
NISSAN MOTOR ACCEPTANCE CORP P O BOX 0502 CAROL STREAM, IL 60132-0502	X	-		X	X	X	0.00
Account No. UNI6035			DEBT OF UNITED PHARMACY SERVICES, INC.				
NOREAST CAPITAL P O BOX 4128 ANNAPOLIS, MD 21403	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
NORWEST BANK MINNESOTA NA P O BOX B514 MINNEAPOLIS, MN 55479-0514	X	-		X	X	X	0.00
Sheet no. 46 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
OAK HILL BANKS PO BOX 647 JACKSON, OH 45640	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
OMNI LINK NW9024 PO BOX 1450 MINNEAPOLIS, MN 55485	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
OMRON HEALTHCARE 1200 LAKESIDE DR BANNOCKBURN, IL 60015	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
OSLAND JANITORIAL SUPPLY 1401 E CLIFF RD BURNSVILLE, MN 55337	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
PACIFICA CAPITAL 8105 IRVINE CENTER DR STE 500 IRVINE, CA 92618	X	-		X	X	X	0.00
Sheet no. 47 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
PAID PRESCRIPTIONS LLC PO BOX 719 PARSIPPANY, NJ 07054-0719	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PALMETTO GBA DEMERC OVERPAYMEN PO BOX 100183 COLUMBIA, SC 29202-3183	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PAR MED P O BOX 90272 CHICAGO, IL 60696-0272	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. SWx5106							
PARI RESPIRATORY EQUIPMENT 13800 HULL STREET RD MIDLOTHIAN, VA 23112	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PAVAMANI, VICTOR E 1700 TREE LANE STE 410 SNELLVILLE, GA 30078		-					0.00
Sheet no. 48 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PAWNEE LEASING CORP 700 CENTRE AVE FORT COLLINS, CO 80526	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PEACH STATE FIRE INC 626 INDUSTRIAL BLVD GAINESVILLE, GA 30501	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No. CK0800							
PEACHTREE PACKAGING 770 MARATHON PKWY LAWRENCEVILLE, GA 30045	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PENNER & WELSCH 10016 RIVER ROAD ST ROSA, LA 70087	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PEPSI COLA P O BOX 75948 CHICAGO, IL 60675	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 49 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
PHARMPAC 2205 ARKWRIGHT ST MAPLEWOOD, MN 55117-1823	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
PIEDMONT MASTER PRINTING P O BOX 661 WINDER, GA 30680	X	-		X	X	X	0.00
Account No. 4133			DEBT OF UNITED PHARMACY SERVICES, INC.				
PINNACLE MEDSOURCE P O BOX 116813 ATLANTA, GA 30368-6813	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
PIONEER PRESS P O BOX 64831 ST PAUL, MN 55164-0831	X	-		X	X	X	0.00
Account No. xxxxxxx0862			DEBT OF UNITED PHARMACY SERVICES, INC.				
PITNEY BOWES P O BOX 856042 LOUISVILLE, KY 40285-6042	X	-		X	X	X	0.00
Sheet no. 50 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
PLUS PUBLICATION P O BOX 230 HARTLAND, WI 53029	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PODIUM FINANCIAL GROUP 485 E 17TH ST SUITE 604 COSTA MESA, CA 92627	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
POLKA DOT 110 E 17TH ST HASTINGS, MN 55033	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
POST BULLETIN COMPANY P O BOX 6118 ROCHESTER, MN 55903-6118	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
POSTER COMPLIANCE CENTER 3687 MT DIABLO BLVD STE B100 LAFAYETTE, CA 94549-3744	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. <u>51</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
POSTMASTER SEEGER SQUARE P O BOX 886 ARCADE ST ST PAUL, MN 55106-9998	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PRECISION LABORATORY PLASTICS P O BOX 130 GIG HARBOR, WA 98335	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PREFERRED CAPITAL INC 6860 W SNOWVILLE RD STE 110 BRECKSVILLE, OH 44141	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PREFERRED ONE 6105 GOLDEN HILLS DR GOLDEN VALLEY, MN 55416	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
PRIDE MOBILITY PRODUCTS 182 SUSQUEHANNA AVE EXETER, PA 18643-2694	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 52 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
PRINCE & YEATES ATTY FOR UNION CAPITAL PARTNER 175 E 400 SOUTH #900 Salt Lake City, UT 84111		-	ATTORNEYS FOR UNION CAPITAL PARTNERS, LLC.			0.00
Account No.						
PROF CARPET & UPHOLSTERY CLEAN 2476 HAVERTON RD MENDOTA HEIGHTS, MN 55120	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
PROFORMA P O BOX 640814 CINCINNATI, OH 45264-0814	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
PRUDENT PUBLISHING P O BOX 360 RIDGEFIELD PARK, NJ 07660-0360	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
PURCHASE POWER P O BOX 856042 LOUISVILLE, KY 40285-6042	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Sheet no. 53 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
QWEST P O BOX 1301 MINNEAPOLIS, MN 55483-0001	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
R & S SALES INC P O BOX 840839 DALLAS, TX 75284-0839	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
R E FRITZ P O BOX 27359 MINNEAPOLIS, MN 55427-4485	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
R E FRITZ 8511 - 10TH AVE N MINNEAPOLIS, MN 55427-4485	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
RADIO AMERICA P O BOX 94258 CHICAGO, IL 60690	X	-		X	X	X	0.00
Sheet no. 54 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
RAINBOW PHARMACY 892 ARCADE ST ST PAUL, MN 55106	X	-		X	X	X
						0.00
Account No.						
RED ARROW WASTE DISPOSAL 44 E ACKER ST ST PAUL, MN 55117	X	-		X	X	X
						0.00
Account No.						
RED BOOK P O BOX 10689 DES MOINES, IA 50336-0689	X	-		X	X	X
						0.00
Account No. 9553						
RESMED LOCKBOX 51054 LOS ANGELES, CA 90051-5354	X	-		X	X	X
						0.00
Account No.						
RESPIRATORY DISTRIBUTORS INC AMSOUTH BANK P O BOX 11407 BIRMINGHAM, AL 35246-0439	X	-		X	X	X
						0.00
Subtotal (Total of this page)						0.00

Sheet no. 55 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx6542			DEBT OF UNITED PHARMACY SERVICES, INC.				
RESPIRONICS P O BOX 640817 PITTSBURGH, PA 15264-0817	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
RETAIL SERVICES P O BOX 5238 CAROL STREAM, IL 60197-5238	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
RICHARD C BELLOWS P O BOX 441 GAINESVILLE, GA 30503-0441	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
RIPLEY NATIONAL BANK 101 MAIN STREET RIPLEY, OH 45167	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
ROCKFORD CAPITAL LEASING 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422	X	-		X	X	X	0.00
Sheet no. 56 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
ROCKFORD CAPITAL LEASING 4249 E STATE ST STE 301 ROCKFORD, IL 61108	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ROGERS PRINTE SHOPPE 790 SEVENTH ST E ST PAUL, MN 55106	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ROYAL BANK AMERICA LEASING 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	227,180.14
Account No.							
ROYAL BANK AMERICA LEASING LP 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
RUTH DORNFELD	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 57 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	227,180.14

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. UNSTMN			DEBT OF UNITED PHARMACY SERVICES, INC.				
SALTER LABS 100 W SYCAMORE RD ARVIN, CA 93203	X	-		X	X	X	2,685.08
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SAMS CLUB P O BOX 4596 CAROL STREAM, IL 60197-4596	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SANTA BARBARA BANK & TRUST 1 SOUTH LOS CARNEROS GOLETA, CA 93117	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SANTA BARBARA BANK & TRUST P O BOX 60607 SANTA BARBARA, CA 93160-0607	X	-		X	X	X	81,333.52
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SCOTT KONECZNY	X	-		X	X	X	0.00
Sheet no. 58 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							84,018.60

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SECRETARY OF STATE 180 STATE OFFICE BLDG 100 CONSTITUTION AVE ST PAUL, MN 55155-1299	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SHRED-IT 6943 WASHINGTON AVE S EDINA, MN 55439	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SHURGARD STORAGE 7760 ROSWELL RD DUNWOODY, GA 30350	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SIA 5400 BROKEN SOUND BLVD NW SUITE 500 BOCA RATON, FL 33487-3522	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
SIGNATURE AUTO SALES 1517 BROWNS BRIDGE RD GAINESVILLE, GA 30504	X	-		X	X	X	0.00
Subtotal (Total of this page)							0.00

Sheet no. 59 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. V2420		DEBT OF UNITED PHARMACY SERVICES, INC.				
SIGNIUS 7851 OLD MORROW RD JONESBORO, GA 30236	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SILVERMARK CAPITAL 400 GULF FAIRWAY STE 300 HOUSTON, TX 77023	X -		X	X	X	0.00
Account No. xxxx8245		DEBT OF UNITED PHARMACY SERVICES, INC.				
SILVERMARK CAPITAL 5757 MEMORIAL DR SECOND FLOOR HOUSTON, TX 77077	X -		X	X	X	62,790.00
Account No.		ATTORNEY FOR FIRST PREMIER CAPITAL LLC. DEBT OF UNITED PHARMACY SERVICES, INC.				
SINGER, GEORGE ESQ LINDQUIST & VENNUM PLLP 80 S EIGHTH ST STE 4200 MINNEAPOLIS, MN 55402	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SLEEP NET CORPORATION 1050 PERIMETER RD MANCHESTER, NH 03103	X -		X	X	X	0.00
Sheet no. 60 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						62,790.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
SOUTHEASTERN STAFFING INC 225 W BUSCH BLVD TAMPA, FL 33612	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
SPRINT P O BOX 660092 DALLAS, TX 75266-0092	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ST JOHNS 771 MARGARET ST ST PAUL, MN 55106	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ST PAUL FIRE & MARINE 388 WASHINGTON ST ST PAUL, MN 55102	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
ST PAUL WATER UTILITY 8 - 4TH ST STE 200 ST PAUL, MN 55101-1007	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 61 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx3624+			DEBT OF UNITED PHARMACY SERVICES, INC.				
STAND GUARD P O BOX 62291 NEW ORLEANS, LA 70162	X	-		X	X	X	0.00
Account No. xxxx4054			DEBT OF UNITED PHARMACY SERVICES, INC.				
STANDARD P O BOX 907126 GAINESVILLE, GA 30501-0903	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STAR TRIBUNE P O BOX 1285 MINNEAPOLIS, MN 55440	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STATE AUTO INSURANCE P O BOX 182738 COLUMBUS, OH 43218-2738	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STATE FARM INSURANCE COMPANIES 7401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33888-0007	X	-		X	X	X	0.00
Sheet no. 62 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							0.00

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STATE OF WISCONSIN DEPT OF REGULATION AND LICENSE P O BOX 8935 MADISON, WI 53708-8935	X -			X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STEAMBOAT MAGAZINE P O BOX 881659 STEAMBOAT SPRINGS, CO 80488	X -			X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STERLING NATIONAL BANK 500 7TH AVE 11TH FLOOR NEW YORK, NY 10018	X -			X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STRATUS COMMUNICATIONS P O BOX 720670 ATLANTA, GA 30358	X -			X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
STUDEBAKER-WORTHINGTON LEASING 100 JERICHO QUADRANGLE JERICHO, NY 11753	X -			X	X	X	0.00
Subtotal (Total of this page)							0.00

Sheet no. 63 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SUNRISE MEDICAL 7030 COLLECTION CENTER DR CHICAGO, IL 60693	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SUPERIOR PHARMACEUTICAL FPP DISTRIBUTION P O BOX 26657 NEW YORK, NY 10087-6657	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SUSANNA CLUTHE 563 TRILLUM COURT MARIETTA, GA 30008	X -					0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
SUSQUEHANNA PATRIOT COMMERCIAL LEASING COMPANY INC 1566 MEDICAL DR STE 201 POTTSTOWN, PA 19464	X -		X	X	X	0.00
Account No.		DEBT OF UNITED PHARMACY SERVICES, INC.				
TACY MEDICAL INC P O BOX 15807 FERNANDINA BEACH, FL 32035-3114	X -		X	X	X	0.00
Sheet no. <u>64</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
TAMARACK MATERIALS INC 9300 JAMES AVE S BLOOMINGTON, MN 55431	X	-		X	X	X	0.00
Account No. UNITED PHA			DEBT OF UNITED PHARMACY SERVICES, INC.				
TEAM DME 750 OLD HICKORY BLVD BUILDING 2, SUITE 220 BRENTWOOD, TN 37027	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
TELEFLEX MEDICAL 4024 STIRRUP CREEK DR STE 720 DURHAM, NC 27703	X	-		X	X	X	616.88
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
TELETEK 2101 KENNEDY ST E MINNEAPOLIS, MN 55413	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
TENNESSEE COMMERCE BANK 381 MALLORY STATION RD STE 207 FRANKLIN, TN 37067	X	-		X	X	X	0.00
Sheet no. 65 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							616.88

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
THE GOPHER COMPANY 2701 - 36TH AVE S MINNEAPOLIS, MN 55406	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
THE HUNTINGTON NATIONAL BANK EQUIPMENT FINANCE DIVISION P O BOX 701096 CINCINNATI, OH 45270-1096	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
THE RIBBON DIVISION LTD 21623 MARILLA ST CHATSWORTH, CA 91311	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
THE TIMES P O BOX 100003 GAINESVILLE, GA 30503	X -			X	X	0.00	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
THIS WEEK PUBLICATIONS 2325 PARKLAWN DR STE R WAUKESHA, WI 53186	X -			X	X	0.00	
Sheet no. <u>66</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
THOMAS DRUG 2704 JEFFERSON ST AUSTELL, GA 30168	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
THOMAS HEALTHCARE DMS P O BOX 95553 CHICAGO, IL 60694-5553	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
TIARA MEDICAL SYSTEMS 14414 DETROIT AVE STE 206 LAKEWOOD, OH 44107	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
TIM CAGLE CPA 2485 BETHANY RD ALPHARETTA, GA 30004	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
TRICARE AG-900 PO BOX 100279 COLUMBIA, SC 29202-3279	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. 67 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.				DEBT OF UNITED PHARMACY SERVICES, INC.				
TRINITY CAPITAL P O BOX 515487 LOS ANGELES, CA 90051-6787	X	-			X	X	X	0.00
Account No.				DEBT OF UNITED PHARMACY SERVICES, INC.				
TRM CORPORATION 5208 NE 122ND AVE PORTLAND, OR 97230-1074	X	-			X	X	X	0.00
Account No.				DEBT OF UNITED PHARMACY SERVICES, INC.				
TWIN CITY SCALE COMPANY INC 3011 E 42ND ST MINNEAPOLIS, MN 55406	X	-			X	X	X	0.00
Account No.				DEBT OF UNITED PHARMACY SERVICES, INC.				
TWO DAYS INC 3907 LAKE LEAF VIEW SUWANEE, GA 30024	X	-			X	X	X	0.00
Account No. xxx9111				DEBT OF UNITED PHARMACY SERVICES, INC.				
ULINE 2200 S LAKESIDE DR WAUKEGAN, IL 60085	X	-			X	X	X	0.00
Subtotal (Total of this page)								0.00

Sheet no. 68 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
UNION CAPITAL PARTNERS LLC 6905 SOUTH 1300 EAST STE 180 MIDVALE, UT 84047	X	-		X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
UNISON MICROCOMPUTER CENTER 113 BRADFORD ST SE GAINESVILLE, GA 30501	X	-		X	X	X	
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
UNITED HEALTH CARE INSURANCE PITTSBURG SERVICE CENTER P O BOX 740819 ATLANTA, GA 30374-0819	X	-		X	X	X	
Account No. xRxxWx & 4R97W8			DEBT OF UNITED PHARMACY SERVICES, INC.				0.00
UNITED PARCEL SERVICE P O BOX 7247-0244 PHILADELPHIA, PA 19170-0001	X	-		X	X	X	
Account No.			LISTED FOR NOTICE PURPOSES.				Unknown
UNITED PHARMACY SERVICES 742 MAIN ST SW GAINESVILLE, GA 30501-4471	-						
Sheet no. 69 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
UNITED STATES TUSTEE 75 SPRING STREET SW ROOM 362 UNITED STATES COURTHO ATLANTA, GA 30303	-		LISTED FOR NOTICE ONLY. U.S. TRUSTEE FOR GEORGIA WHERE UNITED PHARMACY CASE PENDING			Unknown
Account No.						
US BANCORP 1450 CHANNEL PARKWAY MARSHALL, MN 56258	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
US BANCORP P O BOX 790408 ST LOUIS, MO 63179-0408	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No.						
US BANCORP BUSINESS EQUIPMENT FINANCE GROUP 2 APPLETREE SQ STE 325 BLOOMINGTON, MN 55425	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	0.00
Account No. xxxx-xxxx-xxxx-6090						
US BANK PO BOX 6351 FARGO, ND 58125-6351	-		CREDIT CARD			15,233.81
Sheet no. 70 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 15,233.81

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
US BANKCORP 1310 MADRID ST STE 106 MARSHALL, MN 56258	X	-					7,465.87
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
US WEST P O BOX 1301 MINNEAPOLIS, MN 55483-0001	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
USA TODAY P O BOX 79002 BALTIMORE, MD 21279-0002	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
VALLEY NEWS COMPANY 1305 STADIUM ROAD MANKATO, MN 56001	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
VALUE IN PHARMACEUTICALS P O BOX 8500-1020 PHILADELPHIA, PA 19178-1020	X	-		X	X	X	0.00
Sheet no. <u>71</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							7,465.87
Subtotal (Total of this page)							7,465.87

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
VERIZON P O BOX 25506 LEHIGH VALLEY, PA 18002-5506	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
VERNON SALES PROMOTION P O BOX 600 NEWTON, IA 50208-2065	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
VGM EQUIPMENT LEASING 1111 SAN MARNON DR WATERLOO, IA 50701	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
VGM FINANCIAL P O BOX 78523 MILWAUKEE, WI 53278-0523	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
VGM FINANCIAL SERVICES 1111 SAN MARNAN DR WATERLOO, IA 50701	X	-	DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	19,500.00
Sheet no. 72 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	19,500.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.							
VGM FINANCIAL SERVICES P O BOX 1620 WATERLOO, IA 50704	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
VIKING OFFICE PRODUCTS P O BOX 30488 LOS ANGELES, CA 90030-0488	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
WEB MD P O BOX 930114 ATLANTA, GA 31193-0114	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
WEBER ELECTRIC 577 SHOREVIEW PARK RD SHOREVIEW, MN 55126	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Account No.							
WELLS FARGO 800 PARK AVE MINNEAPOLIS, MN 55404	X -		DEBT OF UNITED PHARMACY SERVICES, INC.	X	X	X	0.00
Sheet no. <u>73</u> of <u>76</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxx-xxxx-9558			DEBT OF UNITED PHARMACY SERVICES, INC.				
WELLS FARGO BUSINESS DIRECT OPERATIONS P O BOX 348750 SACRAMENTO, CA 95834	X	-		X	X	X	101,035.39
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WELLS FARGO P O BOX 6426 CAROL STREAM, IL 60197-6426	X	-		X	X	X	0.00
Account No. xxxx-xxxx-xxxx-3291			TRIPLE A MEDICAL CREDIT LINE				
WELLS FARGO PO BOX 348750 SACRAMENTO, CA 95834		-					4,123.36
Account No. xxx-xxx0496							
WELLS FARGO PO BOX 4233 PORTLAND, OR 97208		-					10,200.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WELLS FARGO CARD SERVICES P O BOX 29491 PHOENIX, AZ 85038-9491	X	-		X	X	X	0.00
Sheet no. 74 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							115,358.75

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.			ATTORNEY FOR VGM FINANCIAL SERVICES. DEBT OF UNITED PHARMACY SERVICES, INC.				
WENDLAND, CHRISTOPHER S ESQ CLARK BUTLER WALSH & HAMANN 315 E FIFTH ST PO BOX 596 WATERLOO, IA 50704	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WINONA POST 64 E 2ND ST WINONA, MN 55987	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WISCONSIN NEWSPAPER ASSN 3822 MINERAL POINT RD P O BOX 5580 MADISON, WI 53705	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WORLDWIDE FINANCIAL NETWORK P O BOX 4568 FEDERAL WAY, WA 98063	X	-		X	X	X	0.00
Account No.			DEBT OF UNITED PHARMACY SERVICES, INC.				
WORLDWIDE FINANCIAL NETWORK 2501 VIRGINIA LANE NORTHBROOK, IL 60062	X	-		X	X	X	0.00
Sheet no. 75 of 76 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 0.00

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
WYETH DEPT CH14083 PALATINE, IL 60085-4083	X -			X	X	0.00
Account No.						
XCEL ENERGY NORTHERN STATES POWER CO PO BOX 59 MINNEAPOLIS, MN 55440-0059	X -			X	X	0.00
Account No.						
XEROX CORPORATION P O BOX 650361 DALLAS, TX 75265-0361	X -			X	X	0.00
Account No.						
ZENITH GOLDLINE P O BOX 96884 CHICAGO, IL 60693	X -			X	X	0.00
Account No.						
ZURICH 8712 INNOVATION WAY CHICAGO, IL 60682-0087	X -			X	X	0.00
Subtotal (Total of this page)						0.00
Total (Report on Summary of Schedules)						1,925,785.84

Sheet no. 76 of 76 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re PHILLIP C WEST, Debtor Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	AILCO FINANCIAL SERVICES INC W222 N833 CHEANEY DR WAUKESHA, WI 53186
UNITED PHARMACY SERVICES, INC.	ALLEGiant PARTNERS INC 999 FIFTH AVE STE 300 SAN RAFAEL, CA 94901
UNITED PHARMACY SERVICES, INC.	ALLIANCE FINANCIAL P O BOX 2149 GIG HARBOR, WA 98335-4149
UNITED PHARMACY SERVICES, INC.	ALLIANCE FUNDING GROUP INC 2099 S STATE COLLEGE BLVD #100 ANAHEIM, CA 92806
UNITED PHARMACY SERVICES, INC.	AMERICAN BANK LEASING CORP 555 SUN VALLEY DR STE E-5 ROSWELL, GA 30076
UNITED PHARMACY SERVICES, INC.	AMERICAN EXPRESS P O BOX 360001 FORT LAUDERDALE, FL 33336-0001
UNITED PHARMACY SERVICES, INC.	AMERICAN EXPRESS BUSINESS MANAGEMENT ACCOUNT P O BOX 7863 FORT LAUDERDALE, FL 33329-7863
UNITED PHARMACY SERVICES, INC.	AMERICAN EXPRESS CAPITAL LINE P O BOX 297812 FORT LAUDERDALE, FL 33329-7815
UNITED PHARMACY SERVICES, INC.	BALBOA CAPITAL 2010 MAIN STREET, 11TH FLOOR IRVINE, CA 92614
UNITED PHARMACY SERVICES, INC.	BANK OF AMERICA P O BOX 15027 WILMINGTON, DE 19850
UNITED PHARMACY SERVICES, INC.	BANK OF THE WEST EQUIPMENT LEASING 201 N CIVIC DR STE 360B WALNUT CREEK, CA 94596

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	BANK OF WEST 475 SANSOME ST 19TH FLOOR SAN FRANCISCO, CA 94111
UNITED PHARMACY SERVICES, INC.	BROWN & BIGELOW INC 345 PLATO BLVD E ST PAUL, MN 55107
UNITED PHARMACY SERVICES, INC.	BUSINESS DISTRICT LLC ATTN: LEASE PROCESSING 11660 W 75TH ST SHAWNEE, KS 66214
UNITED PHARMACY SERVICES, INC.	CARBALDAV 2010 MAIN ST STE 1150 IRVINE, CA 92614
UNITED PHARMACY SERVICES, INC.	FINANCIAL PACIFIC LEASING 3455 SOUTH 344TH WAY AUBURN, WA 98001
UNITED PHARMACY SERVICES, INC.	FIRST CREDIT CORPORATION 4300 BAYOU BLVD STE 33 PENSACOLA, FL 32503
UNITED PHARMACY SERVICES, INC.	FIRST CREDIT FUNDING P O BOX 2149 GIG HARBOR, WA 98335
UNITED PHARMACY SERVICES, INC.	FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57101
UNITED PHARMACY SERVICES, INC.	FIRST PREMIER CAPITAL LLC 5201 EDEN AVENUE STE 180 EDINA, MN 55436
UNITED PHARMACY SERVICES, INC.	FIRSTCORP 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053
UNITED PHARMACY SERVICES, INC.	FPC FUNDING II LLC 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053
UNITED PHARMACY SERVICES, INC.	GEORGIAN BANK 2055 N BROWN RD STE 200 LAWRENCEVILLE, GA 30043
UNITED PHARMACY SERVICES, INC.	GEORGIAN BANK P O BOX 1309 POWDER SPRINGS, GA 30127

In re PHILLIP C WEST, Case No. _____
Debtor

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	GREATER BAY BANK NA 300 TRI-STATE INT'L STE 400 LINCOLNSHIRE, IL 60069
UNITED PHARMACY SERVICES, INC.	HUNTINGTON NATIONAL BANK 105 E FOURTH ST STE 200 CINCINNATI, OH 45202
UNITED PHARMACY SERVICES, INC.	INFORMATION LEASING CORP 1023 W EIGHTH ST CINCINNATI, OH 45203
UNITED PHARMACY SERVICES, INC.	INVACARE CORPORATION ONE IVACARE WAY ELYRIA, OH 44035
UNITED PHARMACY SERVICES, INC.	INVACARE CREDIT CORP P O BOX 41601 PHILADELPHIA, PA 19101-1601
UNITED PHARMACY SERVICES, INC.	M & C LEASING CO INC 85 RIVER ROCK DR STE 104 BUFFALO, NY 14207
UNITED PHARMACY SERVICES, INC.	MATRIX DISTRIBUTORS P O BOX 250 SOUTH RIVER, NJ 08882
UNITED PHARMACY SERVICES, INC.	MCKESSON HBOC 1315 N CHOUTEAU TRAFFICWAY KANSAS CITY, MO 64120
UNITED PHARMACY SERVICES, INC.	NATIONAL CITY COMMERCIAL CAPITAL CORPORATION 995 DALTON AVE CINCINNATI, OH 45203
UNITED PHARMACY SERVICES, INC.	PACIFICA CAPITAL 8105 IRVINE CENTER DR STE 500 IRVINE, CA 92618
UNITED PHARMACY SERVICES, INC.	PAWNEE LEASING CORP 700 CENTRE AVE FORT COLLINS, CO 80526
UNITED PHARMACY SERVICES, INC.	PODIUM FINANCIAL GROUP 485 E 17TH ST SUITE 604 COSTA MESA, CA 92627
UNITED PHARMACY SERVICES, INC.	PREFERRED CAPITAL INC 6860 W SNOWVILLE RD STE 110 BRECKSVILLE, OH 44141

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	RIPLEY NATIONAL BANK 101 MAIN STREET RIPLEY, OH 45167
UNITED PHARMACY SERVICES, INC.	ROCKFORD CAPITAL LEASING 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422
UNITED PHARMACY SERVICES, INC.	ROYAL BANK AMERICA LEASING 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422
UNITED PHARMACY SERVICES, INC.	SANTA BARBARA BANK & TRUST 1 SOUTH LOS CARNEROS GOLETA, CA 93117
UNITED PHARMACY SERVICES, INC.	SANTA BARBARA BANK & TRUST P O BOX 60607 SANTA BARBARA, CA 93160-0607
UNITED PHARMACY SERVICES, INC.	SILVERMARK CAPITAL 400 GULF FAIRWAY STE 300 HOUSTON, TX 77023
UNITED PHARMACY SERVICES, INC.	STERLING NATIONAL BANK 500 7TH AVE 11TH FLOOR NEW YORK, NY 10018
UNITED PHARMACY SERVICES, INC.	STUDEBAKER-WORTHINGTON LEASING 100 JERICHO QUADRANGLE JERICHO, NY 11753
UNITED PHARMACY SERVICES, INC.	SUSQUEHANNA PATRIOT COMMERCIAL LEASING COMPANY INC 1566 MEDICAL DR STE 201 POTTSTOWN, PA 19464
UNITED PHARMACY SERVICES, INC.	TENNESSEE COMMERCE BANK 381 MALLORY STATION RD STE 207 FRANKLIN, TN 37067
UNITED PHARMACY SERVICES, INC.	UNION CAPITAL PARTNERS LLC 6905 SOUTH 1300 EAST STE 180 MIDVALE, UT 84047
UNITED PHARMACY SERVICES, INC.	US BANCORP 1450 CHANNEL PARKWAY MARSHALL, MN 56258
UNITED PHARMACY SERVICES, INC.	US BANCORP BUSINESS EQUIPMENT FINANCE GROUP 2 APPLETREE SQ STE 325 BLOOMINGTON, MN 55425

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	VGM FINANCIAL SERVICES 1111 SAN MARNAN DR WATERLOO, IA 50701
UNITED PHARMACY SERVICES, INC.	VGM FINANCIAL SERVICES P O BOX 1620 WATERLOO, IA 50704
UNITED PHARMACY SERVICES, INC.	WELLS FARGO 800 PARK AVE MINNEAPOLIS, MN 55404
UNITED PHARMACY SERVICES, INC.	WELLS FARGO BUSINESS DIRECT OPERATIONS P O BOX 348750 SACRAMENTO, CA 95834
UNITED PHARMACY SERVICES, INC.	WORLDWIDE FINANCIAL NETWORK P O BOX 4568 FEDERAL WAY, WA 98063
UNITED PHARMACY SERVICES, INC.	4IMPRINT P O BOX 32383 HARTFORD, CT 06150-2383
UNITED PHARMACY SERVICES, INC.	A G INDUSTRIES P O BOX 270099 ST LOUIS, MO 63127
UNITED PHARMACY SERVICES, INC.	AAA SANITATION INC P O BOX 1268 DAHLONEGA, GA 30533
UNITED PHARMACY SERVICES, INC.	ACACIA 785 CHALLENGER ST BREA, CA 92821
UNITED PHARMACY SERVICES, INC.	ADMINISTAR FEDERAL INC PCI-DMERC-IN LOCKBOX 660078 INDIANAPOLIS, IN 46266-0078
UNITED PHARMACY SERVICES, INC.	ADMINISTRATIVE MANAGERS INC 105 CANTON HWY CUMMING, GA 30040
UNITED PHARMACY SERVICES, INC.	AGELITY 115 BROAD HOLLOW RD STE 325 MELVILLE, NY 11747
UNITED PHARMACY SERVICES, INC.	AIRGAS SOUTH P O BOX 532609 ATLANTA, GA 30353-2609

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	AIRLINK 3966 CLAIRMONT RD ATLANTA, GA 30341-4938
UNITED PHARMACY SERVICES, INC.	AIRSEP CORPORATION 290 CREEKSIDE DR BUFFALO, NY 14228
UNITED PHARMACY SERVICES, INC.	ALLIANCE FINANCIAL P O BOS 3617 SEATTLE, WA 98124-3617
UNITED PHARMACY SERVICES, INC.	ALLIANCE FUNDS P O BOX 3617 SEATTLE, WA 98124-3617
UNITED PHARMACY SERVICES, INC.	ALLIED WASTE P O BOX 9001487 LOUISVILLE, KY 40290-1487
UNITED PHARMACY SERVICES, INC.	ALLTEL CORPORATION P O BOX 530533 ATLANTA, GA 30353-0533
UNITED PHARMACY SERVICES, INC.	ALLWIN DATA SERVICES SUITE 14000 BB&T BUILDING ONE PACK SQUARE ASHEVILLE, NC 28801
UNITED PHARMACY SERVICES, INC.	AMERICAN BANK LEASING P O BOX 220 FRANKLIN, TN 37069
UNITED PHARMACY SERVICES, INC.	AMERICAN EXPRESS P O BOX 0001 LOS ANGELES, CA 90096-0001
UNITED PHARMACY SERVICES, INC.	AMERICAN EXPRESS CAPITAL LINE BOX 0001 LOS ANGELES, CA 90096-0001
UNITED PHARMACY SERVICES, INC.	AMERICAN GREETINGS ONE AMERICAN ROAD CLEVELAND, OH 44144-2398
UNITED PHARMACY SERVICES, INC.	ANALYTICAL RESEARCH LABORATORY 840 RESEARCH PKWY STE 546 OKLAHOMA CITY, OK 73104
UNITED PHARMACY SERVICES, INC.	ANDA PHARMACEUTICALS 2915 WESTON ROAD WESTON, FL 33331

In re PHILLIP C WEST,
Debtor

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	ANSWER AMERICA 150 E 58TH ST 29TH FLOOR NEW YORK, NY 10155-2698
UNITED PHARMACY SERVICES, INC.	ANYTIME ELECTRIC 4408 SHELLIE LANE OAKWOOD, GA 30566
UNITED PHARMACY SERVICES, INC.	APOTHECARY PRODUCTS INC 11750 12TH AVE S BURNSVILLE, MN 55336-1295
UNITED PHARMACY SERVICES, INC.	ARCH PAGING P O BOX 660770 DALLAS, TX 78266-0770
UNITED PHARMACY SERVICES, INC.	AT&T P O BOX 78522 PHOENIX, AZ 85062-8522
UNITED PHARMACY SERVICES, INC.	AT&T WIRELESS P O BOX 8229 AURORA, IL 60572-8229
UNITED PHARMACY SERVICES, INC.	ATLANTIC SALES AND REPAIR P O BOX 15415 SURFSIDE BEACH, SC 29587
UNITED PHARMACY SERVICES, INC.	ATMOS ENERGY P O BOX 9001949 LOUISVILLE, KY 40290-1949
UNITED PHARMACY SERVICES, INC.	ATS TECHNOLOGIES INC 542 SOUTH ENOTA DR GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	AUBREY'S LOCKSMITH SERVICE 1008 ATLANTA HIGHWAY GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	AVAYA COMMUNICATIONS P O BOX 73061 CHICAGO, IL 60673-3061
UNITED PHARMACY SERVICES, INC.	B BRAUN / MCGAW P O BOX 8500-53708 PHILADELPHIA, PA 19178-3708
UNITED PHARMACY SERVICES, INC.	BALBOA CAPITAL P O BOX 14520 IRVINE, CA 92623-4520

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	BANK OF THE WEST P O BOX 4002 CONCORD, CA 94524-4002
UNITED PHARMACY SERVICES, INC.	BANK SILVERMARK
UNITED PHARMACY SERVICES, INC.	BB&T P O BOX 580155 CHARLOTTE, NC 28258-0155
UNITED PHARMACY SERVICES, INC.	BEAUMONT PRODUCTS 1560 BIG SHANTY DR KENNESAW, GA 30144
UNITED PHARMACY SERVICES, INC.	BELLS SOUTH P O BOX 105262 ATLANTA, GA 30348-5262
UNITED PHARMACY SERVICES, INC.	BELLS SOUTH COMMUNICATION SYST P O BOX 79045 BALTIMORE, MD 21279-0045
UNITED PHARMACY SERVICES, INC.	BOARD OF WATER COMMISSIONERS ST PAUL WATER UTILITY 8 RTH ST E STE 200 ST PAUL, MN 55101-1007
UNITED PHARMACY SERVICES, INC.	BORGSTROM PHARMACY 990 PAYNE AVE ST PAUL, MN 55101
UNITED PHARMACY SERVICES, INC.	BOW LEASING
UNITED PHARMACY SERVICES, INC.	BROWN'S ICE CREAM CO 2929 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414
UNITED PHARMACY SERVICES, INC.	BROWN & BIGELOW P O BOX 1450 NW 8554 MINNEAPOLIS, MN 55485-8554
UNITED PHARMACY SERVICES, INC.	BSFS EQUIPMENT LEASING P O BOX 740428 ATLANTA, GA 30374-0428
UNITED PHARMACY SERVICES, INC.	CAPITAL RETURNS INC P O BOX 73916 CLEVELAND, OH 44193
UNITED PHARMACY SERVICES, INC.	CARDS N SUCH 11178 HURON ST STE 7 NORTHGLENN, CO 80234

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	CARLSON RICHTER & COMPANY 12245 NICOLLET AVE S BURNSVILLE, MN 55337
UNITED PHARMACY SERVICES, INC.	CENTERPOINT ENERGY P O BOX 4671 HOUSTON, TX 77210-4671
UNITED PHARMACY SERVICES, INC.	CHAD THERAPEUTICS DEPT NO 8664 LOS ANGELES, CA 90084-8664
UNITED PHARMACY SERVICES, INC.	CHARTER COMMUNICATIONS P O BOX 9001917 LOUISVILLE, KY 40290-1917
UNITED PHARMACY SERVICES, INC.	CHAS LEVY CIRCULATING 33165 TREASURY CENTER CHICAGO, IL 60694-3100
UNITED PHARMACY SERVICES, INC.	CHRYSLER FINANCIAL P O BOX 55000 DEPT 277001 DETROIT, MI 48255-2770
UNITED PHARMACY SERVICES, INC.	CINGULAR WIRELESS P O BOX 6463 CAROL STREAM, IL 60197-6463
UNITED PHARMACY SERVICES, INC.	CITY OF GAINESVILLE PUBLIC UTILITIES DEPT P O BOX 779 GAINESVILLE, GA 30503-0779
UNITED PHARMACY SERVICES, INC.	CITY OF LAKEVILLE 20195 HOLYOKE AVE LAKEVILLE, MN 55044-9047
UNITED PHARMACY SERVICES, INC.	CITY OF ST PAUL TREASURY DIVISION 350 ST PETER ST STE 300 ST PAUL, MN 55102-1510
UNITED PHARMACY SERVICES, INC.	CITY OF ST PAUL OFFICE OF LICENSE 350 ST PETER ST STE 300 ST PAUL, MN 55102-1510
UNITED PHARMACY SERVICES, INC.	CITY OF ST PAUL, TREASURY DEPT 160 CITY HALL 15 W KELLOGG BLVD ST PAUL, MN 55102

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	CLARK'S VARIETY WHOLESALE 1551 CRANE MILL ROAD ALTO, GA 30510
UNITED PHARMACY SERVICES, INC.	CONDITIONED AIR SYSTEMS 2410 HILTON WAY SW GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	COOL AIR
UNITED PHARMACY SERVICES, INC.	CORNERSTONE COPY CENTER 13775 FRONTIER CT BURNSVILLE, MN 55337
UNITED PHARMACY SERVICES, INC.	CREATIVE INDEX 3442 FRANCIS RD STE 150 ALPHARETTA, GA 30004
UNITED PHARMACY SERVICES, INC.	DAA ENTERPRISES 369 HARVARD ST STE 1 BROOKLINE, MA 02446-2919
UNITED PHARMACY SERVICES, INC.	DAHLONEGA PHARMACY 70 MEMORIAL DR DAHLONEGA, GA 30533
UNITED PHARMACY SERVICES, INC.	DAKOTA ELECTRIC P O BOX 64427 ST PAUL, MN 55164-0427
UNITED PHARMACY SERVICES, INC.	DENCO BOX 38 ROUSES POINT, NY 12797-0038
UNITED PHARMACY SERVICES, INC.	STATE OF WISCONSIN DEPT OF REGULATION AND LICENSE P O BOX 8935 MADISON, WI 53708-8935
UNITED PHARMACY SERVICES, INC.	DOCUMENT DESTRUCTION P O BOX 247 GAINESVILLE, GA 30503
UNITED PHARMACY SERVICES, INC.	DOMOS HME CONSULTING GROUP 9528 - 167TH AVE NE REDMOND, WA 98052
UNITED PHARMACY SERVICES, INC.	DRUG PACKAGE INC 901 DRUG PACKAGE LANE O'FALLON, MO 63366

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SCHEDULE H. CODEBTORS
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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	DULUTH NEWS TRIBUNE 424 W FIRST ST P O BOX 169000 DULUTH, MN 55816-9000
UNITED PHARMACY SERVICES, INC.	DYNA LABS 3830 WASHINGTON BLVD ST LOUIS, MO 63108
UNITED PHARMACY SERVICES, INC.	E Z GREGORY INC P O BOX 44268 MADISON, WI 53744-4268
UNITED PHARMACY SERVICES, INC.	ECLIPSE SUNGLASSES P O BOX 204 SAVAGE, MN 55378-0204
UNITED PHARMACY SERVICES, INC.	EDWARD SERVICES
UNITED PHARMACY SERVICES, INC.	ELECTRO WATCHMAN INC 1 WEST WATER ST STE 110 ST PAUL, MN 55107
UNITED PHARMACY SERVICES, INC.	EMILY COLE 121 W GRANT ST STE 212 MINNEAPOLIS, MN 55403-2341
UNITED PHARMACY SERVICES, INC.	EMMA MALLAK 4836 COUNTRY SIDE DR FLOWERY BRANCH, GA 30542
UNITED PHARMACY SERVICES, INC.	ENTERPRISE FUNDING 4308 THREE MILE RD NW STE A GRAND RAPIDS, MI 49534
UNITED PHARMACY SERVICES, INC.	EVANS NATIONAL LEASING ONE GRIMSBY DR HAMBURG, NY 14075
UNITED PHARMACY SERVICES, INC.	F DOHMEN CO 35180 EAGLE WAY CHICAGO, IL 60678-1351
UNITED PHARMACY SERVICES, INC.	FAMILY TIMES P O BOX 16422 ST LOUIS PARK, MN 55416
UNITED PHARMACY SERVICES, INC.	FARNER-BOCKEN 1751 HIGHWAY 30 E PO BOX 368 CARROLL, IA 51401

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SCHEDULE H. CODEBTORS
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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	FEDERAL EXPRESS P O BOX 94515 PALATINE, IL 60094-4515
UNITED PHARMACY SERVICES, INC.	FIRST CHOICE MEDICAL P O BOX 1250 AUGUSTA, GA 30903-1250
UNITED PHARMACY SERVICES, INC.	FIRST CREDIT FUNDING P O BOX 3892 SEATTLE, WA 98124-3892
UNITED PHARMACY SERVICES, INC.	FIRST DATABANK 8425 WOODFIELD CROSSING BLVD P O BOX 40930 INDIANAPOLIS, IN 46240-0930
UNITED PHARMACY SERVICES, INC.	FIRST HEALTH P O BOX 11807 TUCSON, AZ 85734
UNITED PHARMACY SERVICES, INC.	FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009
UNITED PHARMACY SERVICES, INC.	FIRST PORTLAND
UNITED PHARMACY SERVICES, INC.	FISHER & PAYKEL HEALTHCARE BANK OF AMERICA 12724 COLLECTIONS CENTER DR CHICAGO, IL 60693
UNITED PHARMACY SERVICES, INC.	FMC DISTRIBUTION 850 E PARKRIDGE AVE B117 CORONA, CA 92879
UNITED PHARMACY SERVICES, INC.	FORSYTH EXTERMINATING 203 E MAIN ST STE B CUMMING, GA 30040
UNITED PHARMACY SERVICES, INC.	FRITZ COMPANY INC 1912 HASTINGS AVE NEWPORT, MN 55055
UNITED PHARMACY SERVICES, INC.	FRONTIER COMMUNICATIONS P O BOX 92833 ROCHESTER, NY 14692-8933
UNITED PHARMACY SERVICES, INC.	GALLIPOT INC 2020 SILVER BELL RD ST PAUL, MN 55122

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SCHEDULE H. CODEBTORS

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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	GARY WEST 14815 W TOMAHAWK WAY SUN CITY WEST, AZ 85375
UNITED PHARMACY SERVICES, INC.	GEORGIA BOARD OF PHARMACY 237 COLISEUM DR MACON, GA 31217
UNITED PHARMACY SERVICES, INC.	GEORGIA MEDICAL REPAIR INC P O BOX 73201 RICHMOND, VA 23235
UNITED PHARMACY SERVICES, INC.	GEORGIA NATIONAL GAS P O BOX 659411 SAN ANTONIO, TX 78265-9411
UNITED PHARMACY SERVICES, INC.	GEORGIA POWER 96 ANNEX ATLANTA, GA 30396-0001
UNITED PHARMACY SERVICES, INC.	GLASS DOCTOR 7460 OXFORD ST ST LOUIS PARK, MN 55406
UNITED PHARMACY SERVICES, INC.	GLOBAL CROSSING P O BOX 741276 CINCINNATI, OH 45274-1276
UNITED PHARMACY SERVICES, INC.	GOLDEN TECHNOLOGIES INC 401 BRIDGE ST OLD FORGE, PA 18518
UNITED PHARMACY SERVICES, INC.	GOOD AGE NEWSPAPER 919 LAFOND AVE ST PAUL, MN 55104
UNITED PHARMACY SERVICES, INC.	GOPHER MINI STORAGE 10685 165TH ST W LAKEVILLE, MN 55044
UNITED PHARMACY SERVICES, INC.	GRAINGER DEPT 048-857542369 PALATINE, IL 60038-0001
UNITED PHARMACY SERVICES, INC.	GREATER BAY CAPITAL CONTRACTS DEPT 100 TRI-STATE INT'L STE 140 LINCOLNSHIRE, IL 60069
UNITED PHARMACY SERVICES, INC.	GUARANTEED RETURNS 140 N BELLE MEAD RD EAST SETAUKET, NY 11733

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	H & H WHOLESALE 1099 ROCHESTER RD TROY, MI 48083
UNITED PHARMACY SERVICES, INC.	HARMON GLASS 2400 MINNEHAHA AVE S MINNEAPOLIS, MN 55404
UNITED PHARMACY SERVICES, INC.	HEALTHCARE & DIAGNOSTIC SOLUTI P O BOX 730 LOXLEY, AL 36551
UNITED PHARMACY SERVICES, INC.	HOLOX LTD CALLER 6100 NORCROSS, GA 30091-6100
UNITED PHARMACY SERVICES, INC.	HUDSON RCI P O BOX 951836 DALLAS, TX 75395-1836
UNITED PHARMACY SERVICES, INC.	IFC CREDIT CORPORATION 8700 WAUKEGAN RD STE 100 MORTON GROVE, IL 60053-2104
UNITED PHARMACY SERVICES, INC.	IMPRESSIONS ON HOLD MARLIN LEASING P O BOX 13604 PHILADELPHIA, PA 19101-3604
UNITED PHARMACY SERVICES, INC.	INDEPENDENT PHARMACY COOP 1550 COLUMBUS ST SUN PRAIRIE, WI 53590
UNITED PHARMACY SERVICES, INC.	INTEGRARIVE MEDICINE ACCESS P O BOX 1603 NEWBURGH, NY 12551-1603
UNITED PHARMACY SERVICES, INC.	INTUIT 2800 E COMMERCE CENTER PL TUCSON, AZ 85706
UNITED PHARMACY SERVICES, INC.	INVACARE 33416 TREASURY CENTER CHICAGO, IL 60694-3400
UNITED PHARMACY SERVICES, INC.	INVACARE SUPPLY P O BOX 642878 PITTSBURG, PA 15264-2878
UNITED PHARMACY SERVICES, INC.	IVAX P O BOX 96884 CHICAGO, IL 60693

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	JAYS COMPANY INC P O BOX 47395 MINNEAPOLIS, MN 55447
UNITED PHARMACY SERVICES, INC.	KOPY KAT P O BOX 5983 GAINESVILLE, GA 30504-0983
UNITED PHARMACY SERVICES, INC.	LACROSSE TRIBUNE 401 N THIRD ST P O BOX 865 LA CROSSE, WI 54602-0420
UNITED PHARMACY SERVICES, INC.	LAKEVIEW PUBLISHING 210 DAHLONEGA ST STE 101 CUMMING, GA 30040
UNITED PHARMACY SERVICES, INC.	LAKEVILLE SANITATION P O BOX 769 LAKEVILLE, MN 55044
UNITED PHARMACY SERVICES, INC.	LETGO MEDICAL 1316 COMMERCE DR DECATUR, AL 35601
UNITED PHARMACY SERVICES, INC.	LIFEGAS CALLER 4100 NORCROSS, GA 30091-4100
UNITED PHARMACY SERVICES, INC.	LILLY SUBURBAN NEWSPAPERS 2515 E 7TH AVE N ST PAUL, MN 55109
UNITED PHARMACY SERVICES, INC.	LINT SECURITY 4408 SARDIS DR GAINESVILLE, GA 30506
UNITED PHARMACY SERVICES, INC.	LIPPINCOTT WILLIAMS & WILKINS P O BOX 1530 HAGERSTOWN, MD 21741
UNITED PHARMACY SERVICES, INC.	LISTMART 171 ENGLISH LANDING DR STE 200 KANSAS CITY, MO 64152
UNITED PHARMACY SERVICES, INC.	LITURGICAL PUBLICATIONS P O BOX 510817 NEW BERLIN, WI 53151-0817
UNITED PHARMACY SERVICES, INC.	LOMMEN NELSON LAW FIRM 1800 IDS CENTER 80 S EIGHTH ST MINNEAPOLIS, MN 55402

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SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	LUCENT TECHNOLOGIES P O BOX 890222 CHARLOTTE, NC 28289
UNITED PHARMACY SERVICES, INC.	M & C LEASING CO P O BOX 2935 BUFFALO, NY 14240-2935
UNITED PHARMACY SERVICES, INC.	MADA MEDICAL 625 WASHINGTON AVE CARLSTADT, NJ 07072
UNITED PHARMACY SERVICES, INC.	MALLINCKRODT P O BOX 905835 CHARLOTTE, NC 28290-5835
UNITED PHARMACY SERVICES, INC.	MBNA P O BOX 37279 BALTIMORE, MD 21297-3279
UNITED PHARMACY SERVICES, INC.	MCCRACKEN LABEL 5303 S KEELER AVE CHICAGO, IL 60632
UNITED PHARMACY SERVICES, INC.	MCKENZIE DRUGS 4814 HIGHWAY 78 LILBURN, GA 30047
UNITED PHARMACY SERVICES, INC.	MCKESSON CORP NW9024 P O BOX 1450 MINNEAPOLIS, MN 55485
UNITED PHARMACY SERVICES, INC.	MCKESSON CORP-OMNI LINK P O BOX 70252 CHICAGO, IL 60673-0252
UNITED PHARMACY SERVICES, INC.	MCKESSON PHARMACY SYSTEMS P O BOX 633924 CINCINNATI, OH 45263-3924
UNITED PHARMACY SERVICES, INC.	MEDE AMERICA P O BOX 74243 CLEVELAND, OH 44194
UNITED PHARMACY SERVICES, INC.	MEDICAL ARTS PRESS P O BOX 94777 PALATINE, IL 60094-4777
UNITED PHARMACY SERVICES, INC.	MEDICAL INDUSTRIES AMERICA 2636 - 289TH PLACE ADEL, IA 50003-8021

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SCHEDULE H. CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	MEDISCA INC P O BOX 2592 PLATTSBURGH, NY 12901
UNITED PHARMACY SERVICES, INC.	MELS ELECTRICAL SERVICE INC 4870 LEDAN EXTENSION GAINESVILLE, GA 30506-2558
UNITED PHARMACY SERVICES, INC.	MENASHA CORP DRAWER 823 MILWAUKEE, WI 53278
UNITED PHARMACY SERVICES, INC.	METRO CASH REGISTER SYSTEMS 2145 UNIVERSITY AVE ST PAUL, MN 55114
UNITED PHARMACY SERVICES, INC.	METRO TRANSIT CONVENIENCE FARES 560 - 6TH AVE N MINNEAPOLIS, MN 55411-4398
UNITED PHARMACY SERVICES, INC.	MICROMEDEX P O BOX 95553 CHICAGO, IL 60694-5553
UNITED PHARMACY SERVICES, INC.	MIDWEST COCA COLA SDS 12-1015 P O BOX 86 MINNEAPOLIS, MN 55486-1015
UNITED PHARMACY SERVICES, INC.	MIKES GUTTER SERVICE 3396 NANCY CREEK RD GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	MINNESOTA BOARD OF PHARMACY 2829 UNIVERSITY AVE SE STE 530 MINNEAPOLIS, MN 55414-3251
UNITED PHARMACY SERVICES, INC.	MN DEPT AGRICULTURE LICENSING SECTION 90 W PLATO BLVD ST PAUL, MN 55107-2094
UNITED PHARMACY SERVICES, INC.	MINNESOTA PHARMACIST ASSN 1935 W COUNTY RD B-2 STE 450 ROSEVILLE, MN 55113
UNITED PHARMACY SERVICES, INC.	MN POSTER COMPLIANCE CENTER 1043 GRAND AVE ST PAUL, MN 55105

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SCHEDULE H. CODEBTORS
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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	MN DEPT REVENUE 551 BANKRUPTCY SECTION PO BOX 64447 ST PAUL, MN 55164
UNITED PHARMACY SERVICES, INC.	MINNESOTA SENIOR NEWS IRIS PARK PLACE SUITE 171 1885 UNIVERSITY AVE W ST PAUL, MN 55104
UNITED PHARMACY SERVICES, INC.	MORRIS LAW FIRM 2045 IDS CENTER 80 S EIGHTH ST MINNEAPOLIS, MN 55402
UNITED PHARMACY SERVICES, INC.	MY ANSWERING SERVICE 803 MIDDLEBROOK DR JONESBORO, GA 30236
UNITED PHARMACY SERVICES, INC.	NARDINI FIRE EQUIPMENT CO 405 COUNTY RD E W ST PAUL, MN 55126
UNITED PHARMACY SERVICES, INC.	NATIONAL PEN CORPORATION DEPT 274501 P O BOX 55000 DETROIT, MI 48255-2745
UNITED PHARMACY SERVICES, INC.	NEIGHBOR NEWSPAPERS 580 FAIRGROUND ST P O BOX 449 MARIETTA, GA 30061
UNITED PHARMACY SERVICES, INC.	NET-TEL COMMUNICATIONS P O BOX 631489 BALTIMORE, MD 21263-1489
UNITED PHARMACY SERVICES, INC.	NIELS SPIRITWEAR P O BOX 1025 WINDER, GA 30680
UNITED PHARMACY SERVICES, INC.	NISSAN MOTOR ACCEPTANCE CORP P O BOX 0502 CAROL STREAM, IL 60132-0502
UNITED PHARMACY SERVICES, INC.	NOREAST CAPITAL P O BOX 4128 ANNAPOLIS, MD 21403
UNITED PHARMACY SERVICES, INC.	XCEL ENERGY NORTHERN STATES POWER CO PO BOX 59 MINNEAPOLIS, MN 55440-0059

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SCHEDULE H. CODEBTORS
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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	NORWEST BANK MINNESOTA NA P O BOX B514 MINNEAPOLIS, MN 55479-0514
UNITED PHARMACY SERVICES, INC.	OAK HILL BANKS PO BOX 647 JACKSON, OH 45640
UNITED PHARMACY SERVICES, INC.	OMNI LINK NW9024 PO BOX 1450 MINNEAPOLIS, MN 55485
UNITED PHARMACY SERVICES, INC.	OMRON HEALTHCARE 1200 LAKESIDE DR BANNOCKBURN, IL 60015
UNITED PHARMACY SERVICES, INC.	OSLAND JANITORIAL SUPPLY 1401 E CLIFF RD BURNSVILLE, MN 55337
UNITED PHARMACY SERVICES, INC.	PAID PRESCRIPTIONS LLC PO BOX 719 PARSIPPANY, NJ 07054-0719
UNITED PHARMACY SERVICES, INC.	PAR MED P O BOX 90272 CHICAGO, IL 60696-0272
UNITED PHARMACY SERVICES, INC.	PARI RESPIRATORY EQUIPMENT 13800 HULL STREET RD MIDLOTHIAN, VA 23112
UNITED PHARMACY SERVICES, INC.	PEACH STATE FIRE INC 626 INDUSTRIAL BLVD GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	PEACHTREE PACKAGING 770 MARATHON PKWY LAWRENCEVILLE, GA 30045
UNITED PHARMACY SERVICES, INC.	PENNER & WELSCH 10016 RIVER ROAD ST ROSA, LA 70087
UNITED PHARMACY SERVICES, INC.	PEPSI COLA P O BOX 75948 CHICAGO, IL 60675
UNITED PHARMACY SERVICES, INC.	PHARMPAC 2205 ARKWRIGHT ST MAPLEWOOD, MN 55117-1823

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SCHEDULE H. CODEBTORS
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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	PIEDMONT MASTER PRINTING P O BOX 661 WINDER, GA 30680
UNITED PHARMACY SERVICES, INC.	PINNACLE MEDSOURCE P O BOX 116813 ATLANTA, GA 30368-6813
UNITED PHARMACY SERVICES, INC.	PIONEER PRESS P O BOX 64831 ST PAUL, MN 55164-0831
UNITED PHARMACY SERVICES, INC.	PITNEY BOWES P O BOX 856042 LOUISVILLE, KY 40285-6042
UNITED PHARMACY SERVICES, INC.	PLUS PUBLICATION P O BOX 230 HARTLAND, WI 53029
UNITED PHARMACY SERVICES, INC.	POLKA DOT 110 E 17TH ST HASTINGS, MN 55033
UNITED PHARMACY SERVICES, INC.	POST BULLETIN COMPANY P O BOX 6118 ROCHESTER, MN 55903-6118
UNITED PHARMACY SERVICES, INC.	POSTER COMPLIANCE CENTER 3687 MT DIABLO BLVD STE B100 LAFAYETTE, CA 94549-3744
UNITED PHARMACY SERVICES, INC.	POSTMASTER SEEGER SQUARE P O BOX 886 ARCADE ST ST PAUL, MN 55106-9998
UNITED PHARMACY SERVICES, INC.	PRECISION LABORATORY PLASTICS P O BOX 130 GIG HARBOR, WA 98335
UNITED PHARMACY SERVICES, INC.	PRIDE MOBILITY PRODUCTS 182 SUSQUEHANNA AVE EXETER, PA 18643-2694
UNITED PHARMACY SERVICES, INC.	PROF CARPET & UPHOLSTERY CLEAN 2476 HAVERTON RD MENDOTA HEIGHTS, MN 55120
UNITED PHARMACY SERVICES, INC.	PROFORMA P O BOX 640814 CINCINNATI, OH 45264-0814

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NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	PRUDENT PUBLISHING P O BOX 360 RIDGEFIELD PARK, NJ 07660-0360
UNITED PHARMACY SERVICES, INC.	PURCHASE POWER P O BOX 856042 LOUISVILLE, KY 40285-6042
UNITED PHARMACY SERVICES, INC.	QWEST P O BOX 1301 MINNEAPOLIS, MN 55483-0001
UNITED PHARMACY SERVICES, INC.	R & S SALES INC P O BOX 840839 DALLAS, TX 75284-0839
UNITED PHARMACY SERVICES, INC.	R E FRITZ P O BOX 27359 MINNEAPOLIS, MN 55427-4485
UNITED PHARMACY SERVICES, INC.	R E FRITZ 8511 - 10TH AVE N MINNEAPOLIS, MN 55427-4485
UNITED PHARMACY SERVICES, INC.	RADIO AMERICA P O BOX 94258 CHICAGO, IL 60690
UNITED PHARMACY SERVICES, INC.	RAINBOW PHARMACY 892 ARCADE ST ST PAUL, MN 55106
UNITED PHARMACY SERVICES, INC.	RED ARROW WASTE DISPOSAL 44 E ACKER ST ST PAUL, MN 55117
UNITED PHARMACY SERVICES, INC.	RED BOOK P O BOX 10689 DES MOINES, IA 50336-0689
UNITED PHARMACY SERVICES, INC.	RESMED LOCKBOX 51054 LOS ANGELES, CA 90051-5354
UNITED PHARMACY SERVICES, INC.	RESPIRATORY DISTRIBUTORS INC AMSOUTH BANK P O BOX 11407 BIRMINGHAM, AL 35246-0439
UNITED PHARMACY SERVICES, INC.	RESPIRONICS P O BOX 640817 PITTSBURGH, PA 15264-0817

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	RETAIL SERVICES P O BOX 5238 CAROL STREAM, IL 60197-5238
UNITED PHARMACY SERVICES, INC.	RICHARD C BELLOWS P O BOX 441 GAINESVILLE, GA 30503-0441
UNITED PHARMACY SERVICES, INC.	ROCKFORD CAPITAL LEASING 4249 E STATE ST STE 301 ROCKFORD, IL 61108
UNITED PHARMACY SERVICES, INC.	ROGERS PRINTE SHOPPE 790 SEVENTH ST E ST PAUL, MN 55106
UNITED PHARMACY SERVICES, INC.	ROYAL BANK AMERICA LEASING LP 550 TOWNSHIP LINE RD STE 425 BLUE BELL, PA 19422
UNITED PHARMACY SERVICES, INC.	RUTH DORNFELD
UNITED PHARMACY SERVICES, INC.	ST PAUL WATER UTILITY 8 - 4TH ST STE 200 ST PAUL, MN 55101-1007
UNITED PHARMACY SERVICES, INC.	SALTER LABS 100 W SYCAMORE RD ARVIN, CA 93203
UNITED PHARMACY SERVICES, INC.	SAMS CLUB P O BOX 4596 CAROL STREAM, IL 60197-4596
UNITED PHARMACY SERVICES, INC.	SCOTT KONECZNY
UNITED PHARMACY SERVICES, INC.	SECRETARY OF STATE 180 STATE OFFICE BLDG 100 CONSTITUTION AVE ST PAUL, MN 55155-1299
UNITED PHARMACY SERVICES, INC.	SHRED-IT 6943 WASHINGTON AVE S EDINA, MN 55439
UNITED PHARMACY SERVICES, INC.	SHURGARD STORAGE 7760 ROSWELL RD DUNWOODY, GA 30350
UNITED PHARMACY SERVICES, INC.	SIA 5400 BROKEN SOUND BLVD NW SUITE 500 BOCA RATON, FL 33487-3522

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	SIGNIUS 7851 OLD MORROW RD JONESBORO, GA 30236
UNITED PHARMACY SERVICES, INC.	SLEEP NET CORPORATION 1050 PERIMETER RD MANCHESTER, NH 03103
UNITED PHARMACY SERVICES, INC.	SOUTHEASTERN STAFFING INC 225 W BUSCH BLVD TAMPA, FL 33612
UNITED PHARMACY SERVICES, INC.	SPRINT P O BOX 660092 DALLAS, TX 75266-0092
UNITED PHARMACY SERVICES, INC.	ST JOHNS 771 MARGARET ST ST PAUL, MN 55106
UNITED PHARMACY SERVICES, INC.	ST PAUL FIRE & MARINE 388 WASHINGTON ST ST PAUL, MN 55102
UNITED PHARMACY SERVICES, INC.	STAND GUARD P O BOX 62291 NEW ORLEANS, LA 70162
UNITED PHARMACY SERVICES, INC.	STANDARD P O BOX 907126 GAINESVILLE, GA 30501-0903
UNITED PHARMACY SERVICES, INC.	STAR TRIBUNE P O BOX 1285 MINNEAPOLIS, MN 55440
UNITED PHARMACY SERVICES, INC.	STATE AUTO INSURANCE P O BOX 182738 COLUMBUS, OH 43218-2738
UNITED PHARMACY SERVICES, INC.	STATE FARM INSURANCE COMPANIES 7401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33888-0007
UNITED PHARMACY SERVICES, INC.	STEAMBOAT MAGAZINE P O BOX 881659 STEAMBOAT SPRINGS, CO 80488
UNITED PHARMACY SERVICES, INC.	STRATUS COMMUNICATIONS P O BOX 720670 ATLANTA, GA 30358

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE H. CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	SUNRISE MEDICAL 7030 COLLECTION CENTER DR CHICAGO, IL 60693
UNITED PHARMACY SERVICES, INC.	SUPERIOR PHARMACEUTICAL FPP DISTRIBUTION P O BOX 26657 NEW YORK, NY 10087-6657
UNITED PHARMACY SERVICES, INC.	SUSANNA CLUTHE 563 TRILLUM COURT MARIETTA, GA 30008
UNITED PHARMACY SERVICES, INC.	TACY MEDICAL INC P O BOX 15807 FERNANDINA BEACH, FL 32035-3114
UNITED PHARMACY SERVICES, INC.	TAMARACK MATERIALS INC 9300 JAMES AVE S BLOOMINGTON, MN 55431
UNITED PHARMACY SERVICES, INC.	TEAM DME 750 OLD HICKORY BLVD BUILDING 2, SUITE 220 BRENTWOOD, TN 37027
UNITED PHARMACY SERVICES, INC.	TELETEK 2101 KENNEDY ST E MINNEAPOLIS, MN 55413
UNITED PHARMACY SERVICES, INC.	THE GOPHER COMPANY 2701 - 36TH AVE S MINNEAPOLIS, MN 55406
UNITED PHARMACY SERVICES, INC.	THE HUNTINGTON NATIONAL BANK EQUIPMENT FINANCE DIVISION P O BOX 701096 CINCINNATI, OH 45270-1096
UNITED PHARMACY SERVICES, INC.	INT'L JOURNAL OF COMPOUNDING P O BOX 820907 HOUSTON, TX 77282
UNITED PHARMACY SERVICES, INC.	THE RIBBON DIVISION LTD 21623 MARILLA ST CHATSWORTH, CA 91311
UNITED PHARMACY SERVICES, INC.	THE TIMES P O BOX 100003 GAINESVILLE, GA 30503

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	THIS WEEK PUBLICATIONS 2325 PARKLAWN DR STE R WAUKESHA, WI 53186
UNITED PHARMACY SERVICES, INC.	THOMAS DRUG 2704 JEFFERSON ST AUSTELL, GA 30168
UNITED PHARMACY SERVICES, INC.	THOMAS HEALTHCARE DMS P O BOX 95553 CHICAGO, IL 60694-5553
UNITED PHARMACY SERVICES, INC.	TIARA MEDICAL SYSTEMS 14414 DETROIT AVE STE 206 LAKEWOOD, OH 44107
UNITED PHARMACY SERVICES, INC.	TIM CAGLE CPA 2485 BETHANY RD ALPHARETTA, GA 30004
UNITED PHARMACY SERVICES, INC.	TRINITY CAPITAL P O BOX 515487 LOS ANGELES, CA 90051-6787
UNITED PHARMACY SERVICES, INC.	TRM CORPORATION 5208 NE 122ND AVE PORTLAND, OR 97230-1074
UNITED PHARMACY SERVICES, INC.	TWIN CITY SCALE COMPANY INC 3011 E 42ND ST MINNEAPOLIS, MN 55406
UNITED PHARMACY SERVICES, INC.	TWO DAYS INC 3907 LAKE LEAF VIEW SUWANEE, GA 30024
UNITED PHARMACY SERVICES, INC.	ULINE 2200 S LAKESIDE DR WAUKEGAN, IL 60085
UNITED PHARMACY SERVICES, INC.	UNISON MICROCOMPUTER CENTER 113 BRADFORD ST SE GAINESVILLE, GA 30501
UNITED PHARMACY SERVICES, INC.	UNITED HEALTH CARE INSURANCE PITTSBURG SERVICE CENTER P O BOX 740819 ATLANTA, GA 30374-0819
UNITED PHARMACY SERVICES, INC.	UNITED PARCEL SERVICE P O BOX 7247-0244 PHILADELPHIA, PA 19170-0001

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	US BANCORP P O BOX 790408 ST LOUIS, MO 63179-0408
UNITED PHARMACY SERVICES, INC.	US WEST P O BOX 1301 MINNEAPOLIS, MN 55483-0001
UNITED PHARMACY SERVICES, INC.	USA TODAY P O BOX 79002 BALTIMORE, MD 21279-0002
UNITED PHARMACY SERVICES, INC.	VALLEY NEWS COMPANY 1305 STADIUM ROAD MANKATO, MN 56001
UNITED PHARMACY SERVICES, INC.	VALUE IN PHARMACEUTICALS P O BOX 8500-1020 PHILADELPHIA, PA 19178-1020
UNITED PHARMACY SERVICES, INC.	VERIZON P O BOX 25506 LEHIGH VALLEY, PA 18002-5506
UNITED PHARMACY SERVICES, INC.	VERNON SALES PROMOTION P O BOX 600 NEWTON, IA 50208-2065
UNITED PHARMACY SERVICES, INC.	VGM FINANCIAL P O BOX 78523 MILWAUKEE, WI 53278-0523
UNITED PHARMACY SERVICES, INC.	VIKING OFFICE PRODUCTS P O BOX 30488 LOS ANGELES, CA 90030-0488
UNITED PHARMACY SERVICES, INC.	WEB MD P O BOX 930114 ATLANTA, GA 31193-0114
UNITED PHARMACY SERVICES, INC.	WEBER ELECTRIC 577 SHOREVIEW PARK RD SHOREVIEW, MN 55126
UNITED PHARMACY SERVICES, INC.	WELLS FARGO P O BOX 6426 CAROL STREAM, IL 60197-6426
UNITED PHARMACY SERVICES, INC.	WELLS FARGO CARD SERVICES P O BOX 29491 PHOENIX, AZ 85038-9491

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	WINONA POST 64 E 2ND ST WINONA, MN 55987
UNITED PHARMACY SERVICES, INC.	WISCONSIN NEWSPAPER ASSN 3822 MINERAL POINT RD P O BOX 5580 MADISON, WI 53705
UNITED PHARMACY SERVICES, INC.	WYETH DEPT CH14083 PALATINE, IL 60085-4083
UNITED PHARMACY SERVICES, INC.	XEROX CORPORATION P O BOX 650361 DALLAS, TX 75265-0361
UNITED PHARMACY SERVICES, INC.	ZENITH GOLDLINE P O BOX 96884 CHICAGO, IL 60693
UNITED PHARMACY SERVICES, INC.	ZURICH 8712 INNOVATION WAY CHICAGO, IL 60682-0087
UNITED PHARMACY SERVICES, INC.	CLEAR CHANNEL OUTDOOR INC C/O BELOIN BROWN BLUM & BAER 2550 HERITAGE COURT STE 200 ATLANTA, GA 30339
UNITED PHARMACY SERVICES, INC.	CHRYSLER FINANCIAL PO BOX 9223 FARMINGTON HILL, MI 48333
UNITED PHARMACY SERVICES, INC.	MARTIN, JAMES ESQ SIMPSON LAW OFFICE LLP 3490 PIEDMONT RD STE 300 ATLANTA, GA 30305
UNITED PHARMACY SERVICES, INC.	FAHNLANDER, VINCENT J ESQ MOHRMAN & KAARDAL PA 33 S SIXTH ST STE 4100 MINNEAPOLIS, MN 55402
UNITED PHARMACY SERVICES, INC.	SINGER, GEORGE ESQ LINDQUIST & VENNUM PLLP 80 S EIGHTH ST STE 4200 MINNEAPOLIS, MN 55402
UNITED PHARMACY SERVICES, INC.	ADLER, RUSSELL S ESQ CARMEN & ADLER PA 6001 BROKEN SOUND PKWY NW #404 BOCA RATON, FL 33487-2754

In re PHILLIP C WEST,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	GE COMMERCIAL FINANCE GE MONEY BANK PO BOX 981127 EL PASO, TX 79998-1127
UNITED PHARMACY SERVICES, INC.	LOIS, DR TOM 2121 FOUNTAIN DR STE K ATLANTA, GA 30327
UNITED PHARMACY SERVICES, INC.	MATRIX DISTRIBUTORS INC 110 TICES LANE BUILDING A UNIT 5B EAST BRUNSWICK, NJ 08816
UNITED PHARMACY SERVICES, INC.	BIEGEL, GREG ESQ BARRICK SWITZER ET AL PO BOX 17109 ROCKFORD, IL 61110
UNITED PHARMACY SERVICES, INC.	SILVERMARK CAPITAL 5757 MEMORIAL DR SECOND FLOOR HOUSTON, TX 77077
UNITED PHARMACY SERVICES, INC.	CAPOBIANCO, JOSEPH ESQ 1305 FRANKLIN AVE PO BOX 119 GARDEN CITY, NY 11530
UNITED PHARMACY SERVICES, INC.	TELEFLEX MEDICAL 4024 STIRRUP CREEK DR STE 720 DURHAM, NC 27703
UNITED PHARMACY SERVICES, INC.	US BANKCORP 1310 MADRID ST STE 106 MARSHALL, MN 56258
UNITED PHARMACY SERVICES, INC.	VGM EQUIPMENT LEASING 1111 SAN MARNON DR WATERLOO, IA 50701
UNITED PHARMACY SERVICES, INC.	WORLDWIDE FINANCIAL NETWORK 2501 VIRGINIA LANE NORTHBROOK, IL 60062
UNITED PHARMACY SERVICES, INC.	WENDLAND, CHRISTOPHER S ESQ CLARK BUTLER WALSH & HAMANN 315 E FIFTH ST PO BOX 596 WATERLOO, IA 50704
UNITED PHARMACY SERVICES, INC.	HEWITSON, STEVEN J ESQ TROUTMAN SANDERS LLP 600 PEACHTREE ST NE STE 5200 ATLANTA, GA 30308

In re **PHILLIP C WEST**,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	DEMARTINI, LAURA A ESQ BELOIN BROWN BLUM & BAER 2550 HERITAGE CT STE 200 ATLANTA, GA 30339
UNITED PHARMACY SERVICES, INC.	ACCENT PO BOX 69004 OMAHA, NE 68106-5004
UNITED PHARMACY SERVICES, INC.	CAMERON AND COMPANY INC 1140 N TOWN CENTER DR STE 320 LAS VEGAS, NV 89144
UNITED PHARMACY SERVICES, INC.	DEMARCO, DR FRANK J JR 500 MEDICAL CENTER BLVD LAWRENCEVILLE, GA 30045
UNITED PHARMACY SERVICES, INC.	GEORGIA DEPT OF REVENUE SALES AND USE TAX DIVISION PO BOX 105284 ATLANTA, GA 30348-5296
UNITED PHARMACY SERVICES, INC.	GEORGIA INCOME TAX DIVISION PO BOX 740397 ATLANTA, GA 30374-0397
UNITED PHARMACY SERVICES, INC.	JOHN RAY 7850 AVERY BRIDGE LANE GAINESVILLE, GA 30506
UNITED PHARMACY SERVICES, INC.	NGCSU BOX 8251 DAHLONEGA, GA 30597
UNITED PHARMACY SERVICES, INC.	PALMETTO GBA DEMERC OVERPAYMEN PO BOX 100183 COLUMBIA, SC 29202-3183
UNITED PHARMACY SERVICES, INC.	PREFERRED ONE 6105 GOLDEN HILLS DR GOLDEN VALLEY, MN 55416
UNITED PHARMACY SERVICES, INC.	SIGNATURE AUTO SALES 1517 BROWNS BRIDGE RD GAINESVILLE, GA 30504
UNITED PHARMACY SERVICES, INC.	TRICARE AG-900 PO BOX 100279 COLUMBIA, SC 29202-3279

In re **PHILLIP C WEST**

Case No. _____

Debtor

SCHEDULE H. CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
UNITED PHARMACY SERVICES, INC.	MARSDEN, WILLIAM G ESQ PRINCE YEATES & GELDZAHLER 175 E 400 S STE 900 SALT LAKE CITY, UT 84111
UNITED PHARMACY SERVICES, INC.	CLARK BUTLER WALSH & HAMANN 315 E 5TH ST PO BOX 596 WATERLOO, IA 50704

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
INCOME IS BASE UPON A FULL 40 HR WORK WEEK AS A ROOFER. DEBTOR HAS YET TO ACHIEVE THIS BUT HOPES TO EARN THIS MUCH THROUGH THE SUMMER SEASON.

In re **PHILLIP C WEST**

Debtor(s)

Case No. _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	2,020.52
a. Are real estate taxes included?	Yes <u>X</u> No ____		
b. Is property insurance included?	Yes <u>X</u> No ____		
2. Utilities:		\$	160.00
a. Electricity and heating fuel		\$	0.00
b. Water and sewer		\$	49.00
c. Telephone		\$	218.24
d. Other See Detailed Expense Attachment		\$	250.00
3. Home maintenance (repairs and upkeep)		\$	600.00
4. Food		\$	75.00
5. Clothing		\$	0.00
6. Laundry and dry cleaning		\$	25.00
7. Medical and dental expenses		\$	49.05
8. Transportation (not including car payments)		\$	0.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	25.00
10. Charitable contributions		\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	0.00
a. Homeowner's or renter's		\$	0.00
b. Life		\$	0.00
c. Health		\$	0.00
d. Auto		\$	0.00
e. Other		\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	0.00
(Specify)		\$	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	464.00
a. Auto		\$	0.00
b. Other		\$	0.00
c. Other		\$	0.00
d. Other		\$	2,383.00
14. Alimony, maintenance, and support paid to others		\$	0.00
15. Payments for support of additional dependents not living at your home		\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	105.00
17. Other See Detailed Expense Attachment		\$	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	6,423.81
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	3,529.63
b. Average monthly expenses from Line 18 above	\$	6,423.81
c. Monthly net income (a. minus b.)	\$	-2,894.18

In re **PHILLIP C WEST**

Case No. _____

Debtor(s) _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

GARBAGE	\$	81.00
CABLE	\$	137.24
Total Other Utility Expenditures	\$	218.24

Other Expenditures:

POSTAGE	\$	10.00
PERSONAL CARE	\$	20.00
PETS	\$	75.00
Total Other Expenditures	\$	105.00

United States Bankruptcy Court
District of Minnesota

In re **PHILLIP C WEST**
Debtor(s)

Case No. _____
Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **123** sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 22, 2007**

Signature **/s/ PHILLIP C WEST**
PHILLIP C WEST
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of Minnesota

In re **PHILLIP C WEST**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$42,692.00	2007 YTD
\$99,787.00	2006
\$82,622.00	2005
\$560.00	ROOFING 2007 YTD
\$3,063.00	ROOFING 2006

2. Income other than from employment or operation of business

None
☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$2,500.00	DEBTOR RECEIVED \$2500 OF GIFT CARDS FROM AMERICAN EXPRESS ACCOUNT FOR HOME DEPOT - \$2000 AND CRATE & BARREL - \$500
\$311.00	2006 TAX REFUNDS
\$3,063.00	2006 MISCELLANEOUS
\$1,557.00	2005 TAX REFUNDS
\$12,250.00	2005 NON-COMPETE

3. Payments to creditors

None
☒

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
AMERICA'S SERVICING COMPANY PO BOX 10328 DES MOINES, IA 50306-0328	03/07/07 - \$2,020.53; 04/08/07 - \$2,020.53; 05/15/07 - \$2,096.57; MAY \$4,192.00	\$10,253.59	\$236,894.07
WELLS FARGO BUSINESSLINE PO BOX 948750 SACRAMENTO, CA 95834	05/04/07	\$945.00	\$0.00
BANK OF AMERICA PO BOX 37279 BALTIMORE, MD 21297-3279	05/05/07 - \$542.00; 05/08/07 - \$478.00	\$1,020.00	\$0.00
NISSAN MOTOR ACCEPTANCE CORP PO BOX 660366 DALLAS, TX 75266	\$464.00 PER MONTH	\$1,392.00	\$15,533.00

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
JOAN ELIZABETH WEST	MAY 2007. PAID 3 MONTH ALIMONY AND CHILD SUPPORT IN ADVANCE FOR JUNE, JULY AND AUGUST BECAUSE I DID NOT KNOW IF I WOULD MAKE ENOUGH OVER THE SUMMER TO STAY CURRENT. MARCH, APRIL AND MAY MADE NORMAL PAYMENT OF \$2,300 PER MONTH.	\$13,800.00	\$0.00

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
FIRST PREMIER CAPITAL LLC V. UNITED PHARMACY SERVICES, INC. AND PHILLIP C. WEST	REPLEVIN AND COLLECTION	HENNEPIN COUNTY	PENDING
UNION CAPITAL PARTNERS LLC V. UNITED PHARMACY SERVICES, INC., ET AL, CIVIL NO. 070906279	COLLECTION	SALT LAKE COUNTY, UT	PENDING
VGM FINANCIAL SERVICES V. UNITED PHARMACY SERVICES, INC. AND PHILLIP WEST, NO. LACV101701	COLLECTION	BLACK HAWK COUNTY, IOWA	PENDING
ALLEGiant PARTNERS INC. V. UNITED PHARMACY SERVICES, INC. AND PHILLIP WEST	COLLECTION	HALL COUNTY, GA	PENDING
CLEAR CHANNEL OUTDOOR, INC. V. UNITED PHARMACY SERVICES, INC. AND JOHN RAY, 07SV974N	COLLECTION	HALL COUNTY, GA	PENDING

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
C----- WEST (SON)	SON	04/02/07	ALLOWANCE TO SON \$320.00 FOR SNOW SHOVELING, DOG CARE AND OTHER CHORES
S----- WEST (DAUGHTER)	DAUGHTER	CHRISTMAS 2006	ELECTRIC PIANO FROM SAM'S - \$300-350.00
ALL 3 CHILDREN	CHILDREN	CHRISTMAS 2006	BUBBLE HOCKEY GAME - \$500.00

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
HAIL DAMAGE TO RESIDENCE. \$4,224.28		AUGUST 2006

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
FELHABER LARSON	2007	\$2,500.00
MICHAEL J. IANNAONE 8687 EAGLE POINT BLVD LAKE ELMO, MN 55042	SEE STATEMENT OF ATTORNEY.	

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
WELLS FARGO	SEE SCHEDULE B FOR ACCOUNT LISTING	

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
S----- WEST (DAUGHTER)	ELECTRIC PIANO, \$300.00	HOMESTEAD
CHILDREN	MISC. TOYS, VIDEO GAMES. SEE PARAGRAPH 7.	HOMESTEAD OR AT HOME OF EX-WIFE.

15. Prior address of debtor

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
UNITED PRESCRIPTION SERVICES INC				NEVER CONDUCTED ANY BUSINESS.
UNITED PHARMACY SERVICES INC	41-1939970	8270 - 169TH ST W LAKEVILLE, MN 55044	HOME HEALTH CARE	1999 TO PRESENT
TRIPLE A MEDICAL	??	8270 - 169TH ST W LAKEVILLE, MN 55044	ONLINE SALES	

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
TIM CAGLE CPA
2485 BETHANY BEND
ALPHARETTA, GA 30004
MARY RICHTER CPA

DATES SERVICES RENDERED
1999 TO PRESENT

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS
TIM CAGLE CPA **2485 BETHANY BEND**
ALPHARETTA, GA 30004

DATES SERVICES RENDERED
1999 TO PRESENT

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS
TIM CAGLE CPA **2485 BETHANY BEND**
RECORDS FOR UNITED PHARMACY SERVICES **ALPHARETTA, GA 30004**
CHARLES KELLEY ESQ

JEANNE MORRIS ESQ

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS
UNKNOWN

DATE ISSUED
A COMPLETE LIST IS UNAVAILABLE DUE TO THE ACTIVITIES OF MR. RAY AND MR. CAGLE.

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

- None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **June 22, 2007**

Signature **/s/ PHILLIP C WEST**
PHILLIP C WEST
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court
District of Minnesota**

In re PHILLIP C WEST
Debtor(s)

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
HOMESTEAD LOCATED AT 8270 - 169TH ST. W., LAKEVILLE, MN 55044, LEGALLY DESCRIBED AS LOT 4, BLOCK 3, HIGHVIEW HEIGHTS, ACCORDING TO THE RECORDED PLAT THEREOF, AND SITUATE IN DAKOTA COUNTY, MINNESOTA.	AMERICA SERVICING COMPANY	Debtor will retain collateral and continue to make regular payments.			
2005 NISSAN EXTERA	NISSAN MOTOR ACCEPTANCE CORP	Debtor will retain collateral and continue to make regular payments.			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
-NONE-		

Date June 22, 2007

Signature /s/ PHILLIP C WEST
PHILLIP C WEST
Debtor

**United States Bankruptcy Court
District of Minnesota**

In re PHILLIP C WEST

Debtor(s)

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>7,201.00</u>
Prior to the filing of this statement I have received.....	\$	<u>7,201.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ 299.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning, if applicable

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

REPRESENTATION DOES NOT INCLUDE (A) DEFENSE OF CONTESTED MATTERS OR ADVERSARY PROCEEDINGS, (B) CREDIT REPORT DISPUTES, (C) NEGOTIATION OF REAFFIRMATION AGREEMENTS, (D) DISCHARGE OF JUDGMENTS, (E) REMOVAL OF LIENS AGAINST REAL ESTATE, (F) REPRESENTATION IN CONNECTION OF AN APPEAL OF ANY ORDER OR JUDGMENT AND (G) CONVERSION OF A CASE TO A CASE UNDER A DIFFERENT CHAPTER. ITEMS A THROUGH G ARE EXCLUDED MATTERS. CLIENT UNDERSTANDS AND AGREES THAT IANNAZONE LAW OFFICE WILL NOT SIGN THE ATTORNEY CERTIFICATION ON REAFFIRMATION AGREEMENTS.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: June 22, 2007

/s/ MICHAEL J. IANNAZONE

MICHAEL J. IANNAZONE 48719
IANNAZONE LAW OFFICE
8687 EAGLE POINT BLVD.
LAKE ELMO, MN 55042
651-224-3361 Fax: 651-297-6187
mji@iannazone.com

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

MICHAEL J. IANNAcone 48719	X /s/ MICHAEL J. IANNAcone	June 22, 2007
Printed Name of Attorney	Signature of Attorney	Date
Address:		
8687 EAGLE POINT BLVD.		
LAKE ELMO, MN 55042		
651-224-3361		

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

PHILLIP C WEST	X /s/ PHILLIP C WEST	June 22, 2007
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known) _____	X _____	_____
	Signature of Joint Debtor (if any)	Date

**United States Bankruptcy Court
District of Minnesota**

In re **PHILLIP C WEST**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **June 22, 2007**

/s/ PHILLIP C WEST

PHILLIP C WEST

Signature of Debtor

4IMPRINT
P O BOX 32383
HARTFORD CT 06150-2383

A G INDUSTRIES
P O BOX 270099
ST LOUIS MO 63127

AAA SANITATION INC
P O BOX 1268
DAHLONEGA GA 30533

ACACIA
785 CHALLENGER ST
BREA CA 92821

ACCENT
PO BOX 69004
OMAHA NE 68106-5004

ADLER, RUSSELL S ESQ
CARMEN & ADLER PA
6001 BROKEN SOUND PKWY NW #404
BOCA RATON FL 33487-2754

ADMINISTAR FEDERAL INC
PCI-DMERC-IN
LOCKBOX 660078
INDIANAPOLIS IN 46266-0078

ADMINISTRATIVE MANAGERS INC
105 CANTON HWY
CUMMING GA 30040

AGELITY
115 BROAD HOLLOW RD STE 325
MELVILLE NY 11747

AILCO FINANCIAL SERVICES INC
W222 N833 CHEANEY DR
WAUKESHA WI 53186

AIRGAS SOUTH
P O BOX 532609
ATLANTA GA 30353-2609

AIRLINK
3966 CLAIRMONT RD
ATLANTA GA 30341-4938

AIRSEP CORPORATION
290 CREEKSIDE DR
BUFFALO NY 14228

ALBERT NASUTI, ESQ
40 TECHNOLOGY PKWY. S #300
TRUSTEE-UNITED PHARMACY SERVIC
NORCROSS GA 30092

ALLEGiant PARTNERS INC
999 FIFTH AVE STE 300
SAN RAFAEL CA 94901

ALLIANCE FINANCIAL
P O BOX 2149
GIG HARBOR WA 98335-4149

ALLIANCE FINANCIAL
P O BOS 3617
SEATTLE WA 98124-3617

ALLIANCE FUNDING GROUP INC
2099 S STATE COLLEGE BLVD #100
ANAHEIM CA 92806

ALLIANCE FUNDS
P O BOX 3617
SEATTLE WA 98124-3617

ALLIED WASTE
P O BOX 9001487
LOUISVILLE KY 40290-1487

ALLTEL CORPORATION
P O BOX 530533
ATLANTA GA 30353-0533

ALLWIN DATA SERVICES
SUITE 14000 BB&T BUILDING
ONE PACK SQUARE
ASHEVILLE NC 28801

AMERICA SERVICING COMPANY
PO BOX 10328
DES MOINES IA 50306

AMERICAN BANK LEASING
P O BOX 220
FRANKLIN TN 37069

AMERICAN BANK LEASING CORP
555 SUN VALLEY DR STE E-5
ROSWELL GA 30076

AMERICAN EXPRESS
P O BOX 360001
FORT LAUDERDALE FL 33336-0001

AMERICAN EXPRESS
BUSINESS MANAGEMENT ACCOUNT
P O BOX 7863
FORT LAUDERDALE FL 33329-7863

AMERICAN EXPRESS
P O BOX 0001
LOS ANGELES CA 90096-0001

AMERICAN EXPRESS CAPITAL LINE
P O BOX 297812
FORT LAUDERDALE FL 33329-7815

AMERICAN EXPRESS CAPITAL LINE
BOX 0001
LOS ANGELES CA 90096-0001

AMERICAN GREETINGS
ONE AMERICAN ROAD
CLEVELAND OH 44144-2398

ANALYTICAL RESEARCH LABORATORY
840 RESEARCH PKWY STE 546
OKLAHOMA CITY OK 73104

ANDA PHARMACEUTICALS
2915 WESTON ROAD
WESTON FL 33331

ANSWER AMERICA
150 E 58TH ST 29TH FLOOR
NEW YORK NY 10155-2698

ANYTIME ELECTRIC
4408 SHELLIE LANE
OAKWOOD GA 30566

APOTHECARY PRODUCTS INC
11750 12TH AVE S
BURNSVILLE MN 55336-1295

ARCH PAGING
P O BOX 660770
DALLAS TX 78266-0770

AT&T
P O BOX 78522
PHOENIX AZ 85062-8522

AT&T WIRELESS
P O BOX 8229
AURORA IL 60572-8229

ATLANTIC SALES AND REPAIR
P O BOX 15415
SURFSIDE BEACH SC 29587

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P O BOX 9001949
LOUISVILLE KY 40290-1949

ATS TECHNOLOGIES INC
542 SOUTH ENOTA DR
GAINESVILLE GA 30501

AUBREY'S LOCKSMITH SERVICE
1008 ATLANTA HIGHWAY
GAINESVILLE GA 30501

AVAYA COMMUNICATIONS
P O BOX 73061
CHICAGO IL 60673-3061

B BRAUN / MCGAW
P O BOX 8500-53708
PHILADELPHIA PA 19178-3708

BALBOA CAPITAL
2010 MAIN STREET, 11TH FLOOR
IRVINE CA 92614

BALBOA CAPITAL
P O BOX 14520
IRVINE CA 92623-4520

BANK OF AMERICA
P O BOX 15027
WILMINGTON DE 19850

BANK OF THE WEST
EQUIPMENT LEASING
201 N CIVIC DR STE 360B
WALNUT CREEK CA 94596

BANK OF THE WEST
P O BOX 4002
CONCORD CA 94524-4002

BANK OF WEST
475 SANSOME ST 19TH FLOOR
SAN FRANCISCO CA 94111

BANK SILVERMARK

BB&T
P O BOX 580155
CHARLOTTE NC 28258-0155

BEAUMONT PRODUCTS
1560 BIG SHANTY DR
KENNESAW GA 30144

BELLS SOUTH
P O BOX 105262
ATLANTA GA 30348-5262

BELLS SOUTH COMMUNICATION SYST
P O BOX 79045
BALTIMORE MD 21279-0045

BIEGEL, GREG ESQ
BARRICK SWITZER ET AL
PO BOX 17109
ROCKFORD IL 61110

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8 RTH ST E STE 200
ST PAUL MN 55101-1007

BORGSTROM PHARMACY
990 PAYNE AVE
ST PAUL MN 55101

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BROWN & BIGELOW
P O BOX 1450 NW 8554
MINNEAPOLIS MN 55485-8554

BROWN & BIGELOW INC
345 PLATO BLVD E
ST PAUL MN 55107

BROWN'S ICE CREAM CO
2929 UNIVERSITY AVE SE
MINNEAPOLIS MN 55414

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P O BOX 740428
ATLANTA GA 30374-0428

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SHAWNEE KS 66214

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1140 N TOWN CENTER DR STE 320
LAS VEGAS NV 89144

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CLEVELAND OH 44193

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1305 FRANKLIN AVE
PO BOX 119
GARDEN CITY NY 11530

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IRVINE CA 92614

CARDS N SUCH
11178 HURON ST STE 7
NORTHGLENN CO 80234

CARE CREDIT
GE MONEY BANK
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EL PASO TX 79998-1127

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12245 NICOLLET AVE S
BURNSVILLE MN 55337

CENTERPOINT ENERGY
P O BOX 4671
HOUSTON TX 77210-4671

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DEPT NO 8664
LOS ANGELES CA 90084-8664

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340 JESSE JEWELL PKWY. #602
ATTY FOR UNITED PHARMACY SERVI
GAINESVILLE GA 30501

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P O BOX 9001917
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33165 TREASURY CENTER
CHICAGO IL 60694-3100

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DEPT 277001
DETROIT MI 48255-2770

CHRYSLER FINANCIAL
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FARMINGTON HILL MI 48333

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CAROL STREAM IL 60197-6463

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GAINESVILLE GA 30503-0779

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20195 HOLYOKE AVE
LAKEVILLE MN 55044-9047

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350 ST PETER ST STE 300
ST PAUL MN 55102-1510

CITY OF ST PAUL
OFFICE OF LICENSE
350 ST PETER ST STE 300
ST PAUL MN 55102-1510

CITY OF ST PAUL, TREASURY DEPT
160 CITY HALL
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ST PAUL MN 55102

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315 E 5TH ST
PO BOX 596
WATERLOO IA 50704

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1551 CRANE MILL ROAD
ALTO GA 30510

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2550 HERITAGE COURT STE 200
ATLANTA GA 30339

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COOL AIR

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BURNSVILLE MN 55337

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ALPHARETTA GA 30004

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369 HARVARD ST STE 1
BROOKLINE MA 02446-2919

DAHLONEGA PHARMACY
70 MEMORIAL DR
DAHLONEGA GA 30533

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P O BOX 64427
ST PAUL MN 55164-0427

DEMARCO, DR FRANK J JR
500 MEDICAL CENTER BLVD
LAWRENCEVILLE GA 30045

DEMARTINI, LAURA A ESQ
BELOIN BROWN BLUM & BAER
2550 HERITAGE CT STE 200
ATLANTA GA 30339

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BOX 38
ROUSES POINT NY 12797-0038

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REDMOND WA 98052

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O'FALLON MO 63366

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P O BOX 169000
DULUTH MN 55816-9000

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P O BOX 44268
MADISON WI 53744-4268

ECLIPSE SUNGLASSES
P O BOX 204
SAVAGE MN 55378-0204

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ST PAUL MN 55107

EMERGENCY PHYSICIANS PA
7301 OHMS LANE STE 650
EDINA MN 55439-4000

EMILY COLE
121 W GRANT ST STE 212
MINNEAPOLIS MN 55403-2341

EMMA MALLAK
4836 COUNTRY SIDE DR
FLOWERY BRANCH GA 30542

EMORY EASTSIDE MED CTR
PO BOX 406092
ATLANTA GA 30384

ENTERPRISE FUNDING
4308 THREE MILE RD NW STE A
GRAND RAPIDS MI 49534

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ONE GRIMSBY DR
HAMBURG NY 14075

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35180 EAGLE WAY
CHICAGO IL 60678-1351

FAHNLANDER, VINCENT J ESQ
MOHRMAN & KAARDAL PA
33 S SIXTH ST STE 4100
MINNEAPOLIS MN 55402

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CENTRAL BUSINESS OFFICE
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MINNEAPOLIS MN 55413

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ST LOUIS PARK MN 55416

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1751 HIGHWAY 30 E
PO BOX 368
CARROLL IA 51401

FEDERAL EXPRESS
P O BOX 94515
PALATINE IL 60094-4515

FINANCIAL PACIFIC LEASING
3455 SOUTH 344TH WAY
AUBURN WA 98001

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P O BOX 1250
AUGUSTA GA 30903-1250

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4300 BAYOU BLVD STE 33
PENSACOLA FL 32503

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P O BOX 2149
GIG HARBOR WA 98335

FIRST CREDIT FUNDING
P O BOX 3892
SEATTLE WA 98124-3892

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8425 WOODFIELD CROSSING BLVD
P O BOX 40930
INDIANAPOLIS IN 46240-0930

FIRST HEALTH
P O BOX 11807
TUCSON AZ 85734

FIRST MUTUAL BANK
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BELLEVUE WA 98009

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FIRST PREMIER BANK
601 S MINNESOTA AVE
SIOUX FALLS SD 57101

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EDINA MN 55436

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MORTON GROVE IL 60053

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BANK OF AMERICA
12724 COLLECTIONS CENTER DR
CHICAGO IL 60693

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CORONA CA 92879

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MORTON GROVE IL 60053

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NEWPORT MN 55055

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ST PAUL MN 55122

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14815 W TOMAHAWK WAY
SUN CITY WEST AZ 85375

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GE MONEY BANK
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EL PASO TX 79998-1127

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237 COLISEUM DR
MACON GA 31217

GEORGIA DEPT OF REVENUE
SALES AND USE TAX DIVISION
PO BOX 105284
ATLANTA GA 30348-5296

GEORGIA INCOME TAX DIVISION
PO BOX 740397
ATLANTA GA 30374-0397

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P O BOX 73201
RICHMOND VA 23235

GEORGIA NATIONAL GAS
P O BOX 659411
SAN ANTONIO TX 78265-9411

GEORGIA POWER
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ATLANTA GA 30396-0001

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LAWRENCEVILLE GA 30043

GEORGIAN BANK
P O BOX 1309
POWDER SPRINGS GA 30127

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ST LOUIS PARK MN 55406

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P O BOX 741276
CINCINNATI OH 45274-1276

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401 BRIDGE ST
OLD FORGE PA 18518

GOOD AGE NEWSPAPER
919 LAFOND AVE
ST PAUL MN 55104

GOPHER MINI STORAGE
10685 165TH ST W
LAKEVILLE MN 55044

GRAINGER
DEPT 048-857542369
PALATINE IL 60038-0001

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300 TRI-STATE INT'L STE 400
LINCOLNSHIRE IL 60069

GREATER BAY CAPITAL
CONTRACTS DEPT
100 TRI-STATE INT'L STE 140
LINCOLNSHIRE IL 60069

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EAST SETAUKET NY 11733

H & H WHOLESALE
1099 ROCHESTER RD
TROY MI 48083

HARMON GLASS
2400 MINNEHAHA AVE S
MINNEAPOLIS MN 55404

HCA THE HEALTHCARE COMPANY
5707 PEACHTREE PARKWAY
NORCROSS GA 30092

HEALTHCARE & DIAGNOSTIC SOLUTI
P O BOX 730
LOXLEY AL 36551

HEWITSON, STEVEN J ESQ
TROUTMAN SANDERS LLP
600 PEACHTREE ST NE STE 5200
ATLANTA GA 30308

HOLOX LTD
CALLER 6100
NORCROSS GA 30091-6100

HUDSON RCI
P O BOX 951836
DALLAS TX 75395-1836

HUNTINGTON NATIONAL BANK
105 E FOURTH ST STE 200
CINCINNATI OH 45202

IFC CREDIT CORPORATION
8700 WAUKEGAN RD STE 100
MORTON GROVE IL 60053-2104

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P O BOX 13604
PHILADELPHIA PA 19101-3604

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1550 COLUMBUS ST
SUN PRAIRIE WI 53590

INFORMATION LEASING CORP
1023 W EIGHTH ST
CINCINNATI OH 45203

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HOUSTON TX 77282

INTEGRATIVE MEDICINE ACCESS
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2800 E COMMERCE CENTER PL
TUCSON AZ 85706

INVACARE
33416 TREASURY CENTER
CHICAGO IL 60694-3400

INVACARE CORPORATION
ONE IVACARE WAY
ELYRIA OH 44035

INVACARE CREDIT CORP
P O BOX 41601
PHILADELPHIA PA 19101-1601

INVACARE SUPPLY
P O BOX 642878
PITTSBURG PA 15264-2878

IVAX
P O BOX 96884
CHICAGO IL 60693

JAYS COMPANY INC
P O BOX 47395
MINNEAPOLIS MN 55447

JOHN RAY
7850 AVERY BRIDGE LANE
GAINESVILLE GA 30506

KOPY KAT
P O BOX 5983
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LA CROSSE WI 54602-0420

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LIFEGAS
CALLER 4100
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N ST PAUL MN 55109

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1800 IDS CENTER
80 S EIGHTH ST
MINNEAPOLIS MN 55402

LUCENT TECHNOLOGIES
P O BOX 890222
CHARLOTTE NC 28289

M & C LEASING CO
P O BOX 2935
BUFFALO NY 14240-2935

M & C LEASING CO INC
85 RIVER ROCK DR STE 104
BUFFALO NY 14207

MADA MEDICAL
625 WASHINGTON AVE
CARLSTADT NJ 07072

MALLINCKRODT
P O BOX 905835
CHARLOTTE NC 28290-5835

MARSDEN, WILLIAM G ESQ
PRINCE YEATES & GELDZAHLER
175 E 400 S STE 900
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MARTIN, JAMES ESQ
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3490 PIEDMONT RD STE 300
ATLANTA GA 30305

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SOUTH RIVER NJ 08882

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110 TICES LANE
BUILDING A UNIT 5B
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4814 HIGHWAY 78
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MCKESSON CORP
NW9024
P O BOX 1450
MINNEAPOLIS MN 55485

MCKESSON CORP-OMNI LINK
P O BOX 70252
CHICAGO IL 60673-0252

MCKESSON HBOC
1315 N CHOUTEAU TRAFFICWAY
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MCKESSON PHARMACY SYSTEMS
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GAINESVILLE GA 30506-2558

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MINNEAPOLIS MN 55414-3251

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ROSEVILLE MN 55113

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ST PAUL MN 55107-2094

MN DEPT REVENUE
551 BANKRUPTCY SECTION
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ST PAUL MN 55164

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ST PAUL MN 55105

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80 S EIGHTH ST
MINNEAPOLIS MN 55402

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ST PAUL MN 55126

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995 DALTON AVE
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NATIONAL PEN CORPORATION
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DETROIT MI 48255-2745

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BALTIMORE MD 21263-1489

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NISSAN MOTOR ACCEPTANCE CORP
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OMNI LINK
NW9024
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BANNOCKBURN IL 60015

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BURNSVILLE MN 55337

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CHICAGO IL 60696-0272

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PAVAMANI, VICTOR E
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FORT COLLINS CO 80526

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ROCHESTER MN 55903-6118

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DALLAS TX 75284-0839

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MINNEAPOLIS MN 55427-4485

R E FRITZ
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MINNEAPOLIS MN 55427-4485

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CHICAGO IL 60690

RAINBOW PHARMACY
892 ARCADE ST
ST PAUL MN 55106

RED ARROW WASTE DISPOSAL
44 E ACKER ST
ST PAUL MN 55117

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DES MOINES IA 50336-0689

RESMED
LOCKBOX 51054
LOS ANGELES CA 90051-5354

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BIRMINGHAM AL 35246-0439

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PITTSBURGH PA 15264-0817

RETAIL SERVICES
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CAROL STREAM IL 60197-5238

RICHARD C BELLWS
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GAINESVILLE GA 30503-0441

RIPLEY NATIONAL BANK
101 MAIN STREET
RIPLEY OH 45167

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BLUE BELL PA 19422

ROCKFORD CAPITAL LEASING
4249 E STATE ST STE 301
ROCKFORD IL 61108

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ST PAUL MN 55106

ROYAL BANK AMERICA LEASING
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BLUE BELL PA 19422

ROYAL BANK AMERICA LEASING LP
550 TOWNSHIP LINE RD STE 425
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ARVIN CA 93203

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1 SOUTH LOS CARNEROS
GOLETA CA 93117

SANTA BARBARA BANK & TRUST
P O BOX 60607
SANTA BARBARA CA 93160-0607

SCOTT KONECZNY

SECRETARY OF STATE
180 STATE OFFICE BLDG
100 CONSTITUTION AVE
ST PAUL MN 55155-1299

SHRED-IT
6943 WASHINGTON AVE S
EDINA MN 55439

SHURGARD STORAGE
7760 ROSWELL RD
DUNWOODY GA 30350

SIA
5400 BROKEN SOUND BLVD NW
SUITE 500
BOCA RATON FL 33487-3522

SIGNATURE AUTO SALES
1517 BROWNS BRIDGE RD
GAINESVILLE GA 30504

SIGNIUS
7851 OLD MORROW RD
JONESBORO GA 30236

SILVERMARK CAPITAL
400 GULF FAIRWAY STE 300
HOUSTON TX 77023

SILVERMARK CAPITAL
5757 MEMORIAL DR SECOND FLOOR
HOUSTON TX 77077

SINGER, GEORGE ESQ
LINDQUIST & VENNUM PLLP
80 S EIGHTH ST STE 4200
MINNEAPOLIS MN 55402

SLEEP NET CORPORATION
1050 PERIMETER RD
MANCHESTER NH 03103

SOUTHEASTERN STAFFING INC
225 W BUSCH BLVD
TAMPA FL 33612

SPRINT
P O BOX 660092
DALLAS TX 75266-0092

ST JOHNS
771 MARGARET ST
ST PAUL MN 55106

ST PAUL FIRE & MARINE
388 WASHINGTON ST
ST PAUL MN 55102

ST PAUL WATER UTILITY
8 - 4TH ST STE 200
ST PAUL MN 55101-1007

STAND GUARD
P O BOX 62291
NEW ORLEANS LA 70162

STANDARD
P O BOX 907126
GAINESVILLE GA 30501-0903

STAR TRIBUNE
P O BOX 1285
MINNEAPOLIS MN 55440

STATE AUTO INSURANCE
P O BOX 182738
COLUMBUS OH 43218-2738

STATE FARM INSURANCE COMPANIES
7401 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33888-0007

STATE OF WISCONSIN
DEPT OF REGULATION AND LICENSE
P O BOX 8935
MADISON WI 53708-8935

STEAMBOAT MAGAZINE
P O BOX 881659
STEAMBOAT SPRINGS CO 80488

STERLING NATIONAL BANK
500 7TH AVE 11TH FLOOR
NEW YORK NY 10018

STRATUS COMMUNICATIONS
P O BOX 720670
ATLANTA GA 30358

STUDEBAKER-WORTHINGTON LEASING
100 JERICHO QUADRANGLE
JERICHO NY 11753

SUNRISE MEDICAL
7030 COLLECTION CENTER DR
CHICAGO IL 60693

SUPERIOR PHARMACEUTICAL
FPP DISTRIBUTION
P O BOX 26657
NEW YORK NY 10087-6657

SUSANNA CLUTHE
563 TRILLUM COURT
MARIETTA GA 30008

SUSQUEHANNA PATRIOT COMMERCIAL
LEASING COMPANY INC
1566 MEDICAL DR STE 201
POTTSTOWN PA 19464

TACY MEDICAL INC
P O BOX 15807
FERNANDINA BEACH FL 32035-3114

TAMARACK MATERIALS INC
9300 JAMES AVE S
BLOOMINGTON MN 55431

TEAM DME
750 OLD HICKORY BLVD
BUILDING 2, SUITE 220
BRENTWOOD TN 37027

TELEFLEX MEDICAL
4024 STIRRUP CREEK DR STE 720
DURHAM NC 27703

TELETEK
2101 KENNEDY ST E
MINNEAPOLIS MN 55413

TENNESSEE COMMERCE BANK
381 MALLORY STATION RD STE 207
FRANKLIN TN 37067

THE GOPHER COMPANY
2701 - 36TH AVE S
MINNEAPOLIS MN 55406

THE HUNTINGTON NATIONAL BANK
EQUIPMENT FINANCE DIVISION
P O BOX 701096
CINCINNATI OH 45270-1096

THE RIBBON DIVISION LTD
21623 MARILLA ST
CHATSWORTH CA 91311

THE TIMES
P O BOX 100003
GAINESVILLE GA 30503

THIS WEEK PUBLICATIONS
2325 PARKLAWN DR STE R
WAUKESHA WI 53186

THOMAS DRUG
2704 JEFFERSON ST
AUSTELL GA 30168

THOMAS HEALTHCARE DMS
P O BOX 95553
CHICAGO IL 60694-5553

TIARA MEDICAL SYSTEMS
14414 DETROIT AVE STE 206
LAKEWOOD OH 44107

TIM CAGLE CPA
2485 BETHANY RD
ALPHARETTA GA 30004

TRICARE
AG-900
PO BOX 100279
COLUMBIA SC 29202-3279

TRINITY CAPITAL
P O BOX 515487
LOS ANGELES CA 90051-6787

TRM CORPORATION
5208 NE 122ND AVE
PORTLAND OR 97230-1074

TWIN CITY SCALE COMPANY INC
3011 E 42ND ST
MINNEAPOLIS MN 55406

TWO DAYS INC
3907 LAKE LEAF VIEW
SUWANEE GA 30024

ULINE
2200 S LAKESIDE DR
WAUKEGAN IL 60085

UNION CAPITAL PARTNERS LLC
6905 SOUTH 1300 EAST STE 180
MIDVALE UT 84047

UNISON MICROCOMPUTER CENTER
113 BRADFORD ST SE
GAINESVILLE GA 30501

UNITED HEALTH CARE INSURANCE
PITTSBURG SERVICE CENTER
P O BOX 740819
ATLANTA GA 30374-0819

UNITED PARCEL SERVICE
P O BOX 7247-0244
PHILADELPHIA PA 19170-0001

UNITED PHARMACY SERVICES
742 MAIN ST SW
GAINESVILLE GA 30501-4471

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In re **PHILLIP C WEST**
Debtor(s)Case Number: _____
(If known)

According to the calculations required by this statement:

- ☐ The presumption arises.
- ☒ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS

1	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
---	---

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>																		
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	<p>Column A</p> <p>Debtor's</p> <p>Income</p>	<p>Column B</p> <p>Spouse's</p> <p>Income</p>																
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 8,840.43	\$																
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$	b.	Ordinary and necessary business expenses	\$ 0.00	\$	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$																
b.	Ordinary and necessary business expenses	\$ 0.00	\$																
c.	Business income	Subtract Line b from Line a																	
5	<p>Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$	b.	Ordinary and necessary operating expenses	\$ 0.00	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$																
b.	Ordinary and necessary operating expenses	\$ 0.00	\$																
c.	Rent and other real property income	Subtract Line b from Line a																	
6	Interest, dividends, and royalties.	\$ 0.00	\$																
7	Pension and retirement income.	\$ 0.00	\$																
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include amounts paid by the debtor's spouse if Column B is completed.</p>	\$ 0.00	\$																

9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	
			\$ 0.00	\$
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.			
		Debtor	Spouse	
	a.	\$	\$	
	b.	\$	\$	
	Total and enter on Line 10		\$ 0.00	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 8,840.43	\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$ 8,840.43	\$

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.		\$ 106,085.16
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MN	b. Enter debtor's household size: 4	\$ 79,895.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		
	<input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		
	<input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)	
	Date: July 2, 2007	Signature: /s/ PHILLIP C WEST PHILLIP C WEST (Debtor)

UNITED PHARMACY SERVICES, INC.

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UNITED STATES TUSTEE
75 SPRING STREET SW
ROOM 362 UNITED STATES COURTHO
ATLANTA GA 30303

US BANCORP
1450 CHANNEL PARKWAY
MARSHALL MN 56258

US BANCORP
P O BOX 790408
ST LOUIS MO 63179-0408

US BANCORP BUSINESS
EQUIPMENT FINANCE GROUP
2 APPLETREE SQ STE 325
BLOOMINGTON MN 55425

US BANK
PO BOX 6351
FARGO ND 58125-6351

US BANKCORP
1310 MADRID ST STE 106
MARSHALL MN 56258

US WEST
P O BOX 1301
MINNEAPOLIS MN 55483-0001

USA TODAY
P O BOX 79002
BALTIMORE MD 21279-0002

VALLEY NEWS COMPANY
1305 STADIUM ROAD
MANKATO MN 56001

VALUE IN PHARMACEUTICALS
P O BOX 8500-1020
PHILADELPHIA PA 19178-1020

VERIZON
P O BOX 25506
LEHIGH VALLEY PA 18002-5506

VERNON SALES PROMOTION
P O BOX 600
NEWTON IA 50208-2065

VGM EQUIPMENT LEASING
1111 SAN MARNON DR
WATERLOO IA 50701

VGM FINANCIAL
P O BOX 78523
MILWAUKEE WI 53278-0523

VGM FINANCIAL SERVICES
1111 SAN MARNAN DR
WATERLOO IA 50701

VGM FINANCIAL SERVICES
P O BOX 1620
WATERLOO IA 50704

VIKING OFFICE PRODUCTS
P O BOX 30488
LOS ANGELES CA 90030-0488

WEB MD
P O BOX 930114
ATLANTA GA 31193-0114

WEBER ELECTRIC
577 SHOREVIEW PARK RD
SHOREVIEW MN 55126

WELLS FARGO
800 PARK AVE
MINNEAPOLIS MN 55404

WELLS FARGO
BUSINESS DIRECT OPERATIONS
P O BOX 348750
SACRAMENTO CA 95834

WELLS FARGO
P O BOX 6426
CAROL STREAM IL 60197-6426

WELLS FARGO
PO BOX 348750
SACRAMENTO CA 95834

WELLS FARGO
PO BOX 4233
PORTLAND OR 97208

WELLS FARGO CARD SERVICES
P O BOX 29491
PHOENIX AZ 85038-9491

WENDLAND, CHRISTOPHER S ESQ
CLARK BUTLER WALSH & HAMANN
315 E FIFTH ST PO BOX 596
WATERLOO IA 50704

WINONA POST
64 E 2ND ST
WINONA MN 55987

WISCONSIN NEWSPAPER ASSN
3822 MINERAL POINT RD
P O BOX 5580
MADISON WI 53705

WORLDWIDE FINANCIAL NETWORK
P O BOX 4568
FEDERAL WAY WA 98063

WORLDWIDE FINANCIAL NETWORK
2501 VIRGINIA LANE
NORTHBROOK IL 60062

WYETH
DEPT CH14083
PALATINE IL 60085-4083

XCEL ENERGY
NORTHERN STATES POWER CO
PO BOX 59
MINNEAPOLIS MN 55440-0059

XEROX CORPORATION
P O BOX 650361
DALLAS TX 75265-0361

ZENITH GOLDLINE
P O BOX 96884
CHICAGO IL 60693

ZURICH
8712 INNOVATION WAY
CHICAGO IL 60682-0087